STUDENT SUPPORT SERVICES: AN EXPLORATION OF THE USE OF PSYCHOLOGICAL SERVICES BY STUDENTS AT THE UNIVERSITY OF KWAZULU-NATAL, PIETERMARITZBURG CAMPUS

Siphesihle Dlamini

(211508378)

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Supervisor: Dr Carol Mitchell

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Declaration

I, Siphesihle Dlamini, declare that this thesis is my own work. It has not been submitted before at UKZN nor at any other institution for any kind of examination; where the work of other scholars was mentioned within this thesis, proper acknowledgements and referencing was ensured.

Signed:

Siphesihle Dlamini   Date: 3 March 2020
Student number: 211508378

Supervisor's approval of this thesis for submission:

As the candidate's supervisor I have approved this thesis for submission.

Signed:

Dr. Carol Mitchell   Date: 2 March 2020

Acknowledgements/Dedication

To my supervisor Dr Carol Mitchell, thank you for your scholarship, guidance and prompt constructive feedback.

To my lovely mother, family and my partner, I am forever grateful for your continuous support. Thank you.

Further thanks go to Student Support Services and students who agreed to participate in this study.

Abstract

Many students experience their first psychiatric episode while at a tertiary institution. Thus, it is not surprising that most higher education institutions have psychological services on their premises. Psychological services at universities aim to enhance and promote students psychological well-being and to reduce psychological distress in students' lives, so that students have the mental and emotional stability to face their daily challenges. However, students are reported to feel shame and guilt when they are struggling psychologically. This mixed-methods study explored the usage rate of psychological services and reasons why students may opt not to utilize psychological services at UKZN, PMB campus. The result of this study suggest that the College of Agriculture, Engineering and Science made more use of the services than the College of Humanities. This usage of psychological services was mainly for academic difficulties. More undergraduates and female students used the services, and it commonly was Black students that utilized psychological services the most on campus. Participants in the focus groups reported not to be aware of psychological services on campus. Some participants preferred to receive support from their families and religion, whilst other participants preferred to be supported by psychological services on campus. Furthermore, participants reported various barriers to help-seeking behaviour, including race, as well as one's background with regards to exposure to psychological services prior to being a student. Overall, most participants identified lack of awareness about psychological services as the main reason why they opted not to utilize the services.

Key words: Usage rate of psychological services, Health Belief Model, student support services.

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Chapter 1

Introduction

"Academic performance is closely related to students' psychological functioning and it is of paramount importance to formulate responses to the level of distress and its impact on academic functioning" (Schreiber, 2007, p. 534).

Student psychological services play a vital part in universities as they contribute to promoting equity and access, and improving graduation output, thus contributing towards the creation of a strong human resource base in South Africa. The objectives of psychological support and services specifically relates to fostering self-acceptance in students, developing control within or fostering an internal locus of control, and helping students to learn strategies and coping skills for situations which are difficult or important in terms of their impact on future life (Strange, 1996). The underutilization of psychological services may hinder academic progress and exacerbate psychological challenges for students (Chang et al., 2019). For instance, it is not uncommon that students may struggle to adjust at universities, not cope with examination stress and/or experience disturbing personal and family life events (Rajkumar et al., 2015). Therefore, it is important that students utilize these psychological services that are put at universities to help them. However, it is important to note that the increase in the utilization of psychological services may pose an increase in the demands placed on psychologists working in the higher education student support sector (Olssen & Peters, 2005).

1.1   Background and problem statement

Student support services are made up of a variety of entities such as psychological services, academic support, financial aid and social systems. The focus of this study is solely on psychological services which include personal counselling and psychotherapy, career assessment and counselling, and psycho-educational support. Psychological services at universities aim to enhance and promote students psychological well-being and to reduce psychological distress in students' lives, so that students may have the mental and emotional stability to face their daily challenges (Nkwanyana, 2013). Psychological well-being can be understood as a combination of specific qualities, such as coherence,

satisfaction with life, balance, and a general attitude of optimism or positive attitude to life (Roothman, Kirsten & Wissing, 2003). In contrast, psychological distress is defined as an unpleasant subjective state of depression and anxiety, which has both emotional and physiological manifestations (Mirowsky & Ross, 2003). Research on student psychological services has focused on student attitudes and perceptions towards seeking support, as well as the factors that inhibit and facilitate help-seeking behaviours (Lawrence, 2009). More research is needed to explore why students may opt not to access the psychological services at universities. A South African study conducted by Nkwanyana (2013), reported some of the reasons that keep students away from using psychological services, including students thinking they would be charged an expensive fee to receive psychological services, and students' preferences for consulting their peers instead of seeing a psychologist. Students prefer confiding in their social counterparts because confiding in a psychologist may bring about anxiety. This anxiety may be due to South African societal perceptions regarding seeking professional psychological help. Lawrence (2009) also reported that there is still a need for society to understand and accept people experiencing psychological distress. Therefore, this study explored the use/non-use of psychological services by students at the University of KwaZulu-Natal, Pietermaritzburg campus, with the aim of revealing why students may opt not to access psychological support services offered at the institution.

Thus, the objectives of this study were to:

- Explore the usage rate of the psychological services at UKZN, Pietermaritzburg campus
- Explore why students may opt not to access the UKZN psychological service
- Understand students' perceptions towards the utilization of psychological services at UKZN, Pietermaritzburg campus
- Explore students' perceptions of the impact of psychological distress
- Understand students' knowledge and awareness about the benefits of using psychological services

The research questions that guided this study were:

i)   What is the usage rate of the psychological services?

ii) Why do students opt not to access university psychological services?

iii) What are students' perceptions of psychological services?

iv)   What are the perceptions around the impact of psychological distress on students?

v)   What are the perceived benefits of using psychological services?

1.2   Abbreviations list

The abbreviations that were used throughout this study are expanded below:

- UKZN – University of KwaZulu-Natal

- PMB – Pietermaritzburg

- SSS – Student Support Services

- PG – Postgraduate/Postgrad

- UG – Undergraduate/Undergrad

- FG – Focus Group

1.3   Organization of the study

This study consists of six chapters. It opens with the introductory chapter (chapter one). Followed by the review of the literature (chapter two) that discusses academic work related to this study as well as the theoretical framework. After the literature review chapter comes methodology (chapter three) which breaks down how this study was formulated and how the data was collected and analyzed. Then, there is chapter four which looks at the study findings/ results and analyzed how the outcomes from mixed-methods informed the study objectives and questions. Following the findings/ results chapter, is the discussion/analyses (chapter five) which gives an overall conceptualization of this study whilst making the researcher's voice known, and revisits the written literature in chapter two to examine if it corroborates or refutes the finding of this current study. The final chapter is chapter six which summarizes the entire study, looks at the implications of the results of this study, outlines the limitations of this study and concludes by making recommendations for future studies.

Chapter 2

Literature review

2.1   Introduction

This chapter focuses on the published literature related to student support services. It includes work from South African, African, and international authors. The following review of the literature starts with the theoretical framework that was utilised to help narrow the scope of the study then proceeds to present study aligned subtopics.

2.2   Theoretical framework

The health belief model was a useful lens for this study. This model was developed in the early 1950s by a group of social psychologists at the United States Public Health Service, in an attempt to understand the widespread failure of people to accept disease preventives or screening tests for the early detection of asymptomatic disease (Champion & Skinner, 2008). This model is influenced by the theory of Kurt Lewin, which states that it is the world of the perceiver that determines what an individual will and will not do (Carpenter, 2010). The focus of this model is on the relationship of health behaviours, practices and utilization of health services (Green & Murphy, 2014). The core components of this model are perceived susceptibility, perceived seriousness, and perceived benefits of taking action; barriers to taking action; and cues to action (Champion & Skinner, 2008). This model is appropriate for this study because the focus of the health belief model includes paying attention to the utilization of health services; and the current study sought to explore the use of psychological services by students at the University of KwaZulu-Natal, Pietermaritzburg Campus. It is important to note that the use of this model in this study was not intended to import a medical model to the practice of psychology in a university setting; but to borrow the key components of the model to apply them in the general psychological health of students. This is because psychological services at UKZN are not closely associated with student medical healthcare services. Nonetheless, there are potential issues associated with conceptualizing mental health and psychological services from the health belief model and a medical/ health perspective (Gutkin, 2012). These issues may include procedural and prescriptive measures of dealing with students' psychological distress, the focus of services

on individuals rather than populations, relying mostly on remediation rather than prevention and early intervention (Gutkin, 2012). In this study, the researcher used the health belief model as a tool to understand why students engage in certain behaviours and ultimately explore their reasons of not utilizing psychological services on campus.

The core components of the health belief model may be useful to explore why students may opt not to access psychological services. The first component of the health belief model is *perceived susceptibility/vulnerability* (Green & Murphy, 2014), this component was used to explore students' perceptions towards psychological services, whether they perceived them as necessary or not. The second component of the health belief model is *perceived seriousness* (Champion & Skinner, 2008), in this context whether the students recognized the impact of psychological distress, and their own level of distress. The third component of this model, namely, the *perceived benefits* of taking action (Green & Murphy, 2014), was used to explore students' knowledge and awareness about the advantages of utilizing psychological services. *Perceived barriers* to taking action are the fourth component of the health belief model (Champion & Skinner, 2008), hence the exploration of students' main reasons that prevented them from accessing psychological services. Lastly, the fifth component is called *cues to action* (Green & Murphy, 2014), this component was used to explore what could motivate and encourage students to seek psychological services at the University of KwaZulu-Natal, Pietermaritzburg Campus.

2.3   Perceptions of psychological services

People who are familiar with using mental health services have more positive attitudes toward seeking psychological services (Munsan, Floersch & Townsend, 2009). However, the demographics of the users differ and as do the attitudes. Some studies examining race have reported that 'nonwhite[1]' people experience more negative attitudes, especially with regard to stigma than white individuals; in addition, less educated and lower income individuals are more likely than their counterparts to worry about what others think about their need to

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[1] The classification of South Africans by their skin colour is the legacy of apartheid, which encompasses inequality in opportunities, social class and economic standards. The citizens who were affected by this classification were Black, Coloured, and Indian people; as they were targets of the apartheid regime (Carter & May, 2001).

seek psychological help (Leaf, Bruce, Tischler & Holzer, 1987; Copeland, 2006). This suggests that stigma contributes extensively in the formulated perceptions about psychological services and in deciding the demographic characteristics of mental health users. "The stigma associated with seeking mental health services is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable" (Vogel, Wade & Haake, 2006, p. 325).

In the American context, it is reported that 70% of people do not seek psychological services, even after knowing that the treatment offered by psychologists and other mental health practitioners would help in decreasing their symptoms (Crowe et al., 2016). This may be attributed to stigma and lack of informed-awareness about mental health. According to Feldman and Crandall (2007), stigma might as well be considered as a symptom of psychological distress as people experiencing it suffer from it as much as they suffer from other mental health symptoms. Surveys of undergraduate students have found that those who endorse stigmas of mentally ill are less likely to seek psychological help (Cooper, Corrigan & Watson, 2003). This suggests that the people who shy away from seeking psychological services may be the perpetrators of stigma. If this is the case, it might mean men are the perpetrators of stigma as more studies are finding that women are more open to seeking psychological help and actually have more positive attitudes than their male counterparts (Vogel, Wade & Hackler, 2007). This is supported by Takeuchi and Sakagami (2018), who suggested that the stigma of mental illness is associated with individual attributes; more specifically, males are stigmatized more severely than females, and younger people more so than elderly people. This suggests that the vulnerable groups to stigma regarding accessing psychological support, are adolescents, students, and males in general.

It appears that when people decide to go for psychological services they present for different reasons. A study from the University of Western Cape (South Africa), conducted a needs-assessment with students, and reported that students seek help from student University-based psychological services mostly for vocational-academic assistance, and not often regarding their personal and social lives (Van Schoor & Whittaker, 1988). Although the research findings of the above study are outdated, it is important to understand the history

of the phenomenon that is being researched in this present paper. Hence, the findings of this study suggested that students perceived psychological services as perhaps only meant for career-based assistance. Lawrence (2009) conducted a study at the Cape Peninsula University of Technology to explore students' attitudes towards utilizing student counselling services (through focus group discussions with twenty-nine students). The results revealed that students feel shame and guilt when they are struggling psychologically, and as a result avoid seeking psychological intervention due to the fear of being negatively stigmatized. This stigmatization could be related to students' shared common beliefs and values. Nkwanyana (2013) conducted a qualitative study to investigate the attitudes of University of Zululand students towards campus psychological services. He reported that students believed more in confiding to people in their social circle because they are familiar, rather than seeking professional help. Hence, there is a stigma associated with talking about your personal life to strangers (Fox & Butler, 2007). Thus, the students' preference of friends and family for advice is worthy of more in-depth investigation (Mainga, 2007).

2.4   The impact of psychological distress

Psychological distress is harmful to one's overall health status and exacerbated any other diseases that an individual might have. For instance, "there is evidence from several longitudinal studies that depression and anxiety increase the risk of incident arthritis, cardiovascular disease, chronic obstructive pulmonary disease and diabetes mellitus" (McLachlan & Gale, 2018, p. 79). The impact of psychological distress extends beyond the exacerbation of the medical condition to self-inflicted pain and suicides. A study, following a nationally representative household survey of 9, 282 U.S. adults, found that approximately 80% of suicide attempters in the U.S. have a mental disorder (Nock, Hwang, Sampson & Kessler, 2010). "Most suicides are related to psychiatric disease, with depression, substance use disorders and psychosis being the most relevant risk factors. However, anxiety, personality, eating, and trauma-related disorders, as well as organic mental disorders, also contribute" (Bradvik, 2018, p. 1). Thus, there is a strong correlation between psychological distress and suicide attempts.

Many students experience their first psychiatric episode while at a tertiary institution, and 12 to 18% of students have a diagnosable mental illness (Mowbray, et al., 2006). This

suggests that a tertiary context present numerous precipitants to vulnerable students. The prevalence of suicide ideation and attempts among students seems to be on a rise. This is supported by a study conducted by Wilcox et al. (2010), where they gathered data over a duration of four years from students when they first start their courses. The results from this study revealed that among 1, 253 interviewed students, 12% experienced suicide ideation at some point during college, and of those individuals, 25% had more than one episode of ideation and ten individuals had a plan and attempted suicide. In the African context, it appears that negative attitudes about suicide may be expressed more frequently than in the American context. According to Osafo, Hjelmeland, Akotia and Knizek (2011), studies conducted in Nigeria and South Africa showed negative attitudes pertaining to suicide and these negative attitudes were more heightened than those reported from American studies.

It is important to note that even after expressing negative attitudes towards suicide (which is greatly linked with mental illness) some students may still opt to not use University provided psychological services. It is thus important to ascertain whether students seek psychological services elsewhere, or if they have other reasons that prevent them from seeking psychological services on campus.

2.5   Awareness of psychological services

One of the reasons students under-utilize University psychological services is due to a lack of knowledge and awareness about such services (Lawrence, 2009; Nkwanyana, 2013; Russell, Thomson & Rosenthal, 2008). A study conducted at an Australian Metropolitan University, investigating international students' use of university health and counselling services, revealed that students explained failure to seek psychological services in terms of insufficient seriousness of problems (thinking that their problems are not important enough); lack of information about services; and to a lesser extent doubts and discomfort about the services (Russell et al., 2008). This suggests that students' under-utilization of psychological services may, in the main, be attributed to a lack of awareness about such services on university premises.

The level of awareness may be associated with the kind of profession that students are studying towards. For instance, the non-health disciplines are reported as more distressed than the health-related disciplines (Leahy et al., 2010). This suggests that students in the health disciplines like medicine, nursing and psychology are likely to be more aware of university psychological services because they are familiar with such services compared to students from other disciplines who may not be aware of the existence and relevance of student psychological services.

It appears that lack of awareness about psychological services is not only an issue facing students but also the general public at large. One of the key authors in mental health literacy noted a few deficiencies regarding awareness about mental health:

> (a) The public's knowledge of how to prevent mental disorders, (b) recognition of when a disorder is developing, (c) knowledge of help-seeking options and treatment available, (d) knowledge of effective self-help strategies for milder problems, and (e) first aid skills to support others affected by mental health problems. (Jorm, 2000, p.1)

However, there seems to be a shift reported in the literature in relation to the abovementioned deficiencies. A small group of people are getting more proactive when it pertains their mental health. For instance, a study in Australia used telephone interviews of 2000 randomly selected participants between ages 12-25 years to explore patterns of internet use by young people to assess the usefulness of online resources for mental health problems (Burns, Davenport, Durkin, Luscombe & Hickie, 2010). The results revealed that young people use the internet to interact with one another (76.9%) and to acquire knowledge about a mental health issue, even in cases when the mental health issue is not theirs (38.8%). In the last five years, twenty percent of young people had personally experienced a mental health problem; when asked about their sources of information, 30.8% reported searching the internet (Burns et al., 2010). This suggests that the internet plays a crucial role in promoting mental health and is progressive in doing so. Nonetheless, with the recent digital movements (increased use of technology for communication), there may still be some challenges that might keep people from seeking psychological services.

2.6   Barriers to accessing psychological services

Surveys conducted by the World Health Organization (WHO), reported that the most common barrier to accessing psychological services is seeing no need for it (Andrade et al., 2014). That is, people do not see the importance of seeking psychological services. On the contrary, research indicates that people who have sought psychological services are more likely to avoid high-risk behaviours that can have dangerous consequences for their health and well-being (Ross, Powell & Elias, 2002).

South African studies seem to produce similar results to those of the WHO. The focus in the literature appears to be on structural and attitudinal barriers. Structural barriers refer to the infrastructure, insufficient service availability and the cost of services. Attitudinal barriers are the perceptions of people having a minimal need to seek treatment, "the belief that the disorder will get better on its own, the view that mental illness is a result of personal weakness, stigma, and the desire to deal with the problem on their own" (Bruwer et al., 2011, p. 2). In developed countries, attitudinal barriers seem to be more prominent (Sareen et al., 2007). In developing and underdeveloped countries the issue is both with structural and attitudinal barriers.

When examining barriers to psychological services at tertiary institutions; it has been noted that due to personal and cultural beliefs students endorse indigenous healers and religious healers and religious helpers, and do not seek psychological services at the University (Nicholas, 2002). This suggests that opting not to access psychological services may be a choice in line with students' priorities to pick one service over the other. This may be because students are possibly more familiar with other services; even though different services can coexist in an individual's life. The combination could include indigenous healers, psychological services, religious helpers, medical services, and other credible services available out there.

2.7   Motivators/ encouragers to seek psychological services

There appears to be a direct correlation between mental health and academic success. The mental health of students can affect their academic performance; thus, the psychological

well-being of students correlates with their academic performance (Becerra, 2017). According to Patiyal and Choudhary (2018), there is a positive impact of mental health on academic performance of students; those higher on mental health have better academic performance. One study revealed that "depression is a significant predictor of lower GPA and a higher probability of dropping out, particularly among students who also have a positive screen for an anxiety disorder" (Eisenberg, Golberstein & Hunt, 2009, p. 91).

One intervention reported in the literature was by Conley, Travers and Bryant (2013) who ran Psychosocial Wellness Seminars, where they conducted a study with first-year students from 2009 to 2011 using an 8-month prospective quasi-experimental design. There were two groups, one controlled and the other experimental. The intervention showed no difference at baseline, but reported significantly greater perceived improvements over the course of the intervention, in psychosocial adjustment and stress management. The final results revealed improvement in students' psychosocial adjustment and in stress management. The study concluded that the use of such a programme is efficient (Conley, Travers & Bryant, 2013).

As reported above, some potential help-seekers use the internet to access support and services. Over 2 billion people globally had active social media accounts by the year 2015 (Kemp, 2015). This suggests that perhaps this is also a platform for psychological practitioners to utilize to encourage the use of psychological services. Naslund, Aschbrenner, Marsch and Bartels (2016), explored online peer-to-peer connections among people with mental illness. Their results revealed that "people with serious mental illness report benefits from interacting with peers online from greater social connectedness, feeling of group belonging and by sharing personal stories and strategies for coping with day-to-day challenges of living with a mental illness" (Naslund, et al., 2016, p. 113). This suggests that a similar online model can be adapted to accommodate students at universities.

2.8   Challenges faced by student support services

Professional staff working at student support services in higher education institutions have a variety of mandates, one of which is assisting students to achieve personal and academic

success. This comes with challenges. According to Makoni (2016a), student support services faces the challenge of being in a position to help students only when things do not go well with them. Thus student support services are not able to use a preventative model to help students but instead adopt a treatment model to intervene when the damage has already happened. Another challenge is "making higher education accessible to students from poor backgrounds, creating pathways that help students receive more study support and providing financial and academic backing" (Makoni, 2016b, p. 66). This suggests that there is a gap that both universities and student support services are struggling to close regarding the delivery of psychological services to students from poor backgrounds. The need for Student Support Services has greatly increased over the years (Broglia, Millings & Barkham, 2018). This presents at least two challenges for Student Support Services. Firstly, there is a long waiting period to get assisted and secondly, students get seen for short-term support. This might be problematic for students from disadvantaged backgrounds as they might be deserving of on-going therapy and being offered short-term support might be discouraging to them.

In the South African context, the challenges faced by student support services are unique as many of them are the unfortunate legacy of the apartheid regime. "The most salient and pressing challenges relate to the retention and throughput of historically disadvantaged, first-generation students accessing higher education following a long legacy of Black oppression during apartheid" (Naidoo & Cartwright, 2018, p. 33). For instance, most South African students experienced inadequate schooling, and this translates into a predisposition to numerous barriers to learning at a tertiary level. Subsequently, there would be an influx of in need students at student support services (Brand et al., 2005). This suggests that student support services would likely be understaffed and not be in a position to fully accommodate all the students' needs as they enter the university with different backgrounds. Hence, "for many students coming from disadvantaged communities in South Africa, attending tertiary institutions can be compared to moving from a small rural community to a large urban city" (Bojuwoye, 2002, p. 285). However, this transition from one area to another to attend university appears to not only be a South African challenge. The international literature reports that this transition brings about problems adjusting to university-style learning, cultural diversity, alcohol and drug abuse, and psychological

trauma (Hoffman, 2002). All of these factors (both nationally and internationally) may pose a challenge to student support services as it would be their responsibility to address them and would need extensive resources to better help the students and such resources may not always be available.

2.9   Students and their presenting concerns

In spite of the above challenges faced by student support services, nonetheless, they still manage to assist students with their difficulties. Schreiber (2007) presented a summary of the concerns and demographic information of students who used the Student Counselling Service at the University of Cape Town (South Africa). This data was collected from March 2001 to April 2003 using a questionnaire with a sample size of 844 students. Schreiber (2007), found that more undergraduate students and more English second language speakers made use of their student counselling service. In addition to this finding, other findings indicated that 52% of females sought counselling more than their male counterparts. The study revealed that the common presenting concern amongst students were difficulties with concentration, difficulties with motivation, depression, tiredness and fatigue (Schreiber, 2007). This study suggests that the majority of students who speak English as a second language are the ones who use the services more and this group is likely to be black students. These study findings are in line with other studies, for instance, "a study conducted among black students in South African universities found that a significant number of these students experience notable stress as they adjust to the university environment and pursue academic goals" (Naidoo, 1999, p. 50). However, such difficulties may not be only faced by black students; possibly all students go through various difficulties regardless of their racial identity. Hence, student support services play a necessary and crucial role in tertiary institutions.

2.10   The relevance of student support services

Being a student may come with a lot of worries including job opportunities post graduating. Lairio and Penttinen (2006) administered a survey to 880 students at the University of Jyvaskyla in Finland. The focus of their study was on students' career concerns, and the results of the study demonstrated that students felt concerned about their future careers at

the start of their studies and that they spent more time thinking about their careers as the end of their studies approached. This suggests that in order for students to reduce the stress around career concerns, the students may benefit from career counselling which is offered by student support services. Thus, the presence of student psychological services on university premises is advantageous and relevant to students (Atkins, Graczyk, Frazier & Abdul-Adil, 2003). One advantage is that students get help in a familiar setting which eliminates intimidation and makes students comfortable and open (Evans, 1999). Furthermore, research findings suggest that institutional and social support is positively related to the emotional well-being of students (Hyun, Quinn, Madon & Lusting, 2007). This suggests that student support services are not a privilege but a necessity to the students' academic and personal success within the university and beyond.

Student support services help students from various backgrounds to stay in tertiary education and to complete their degrees. A study conducted to examine the impact of student support services using questionnaires, institutional and program data, revealed that student support services have a positive impact especially relating to retention (Chaney, Muraskin, Chalan & Goodwin, 1998). The positive impact of student support services appears to be keeping up with trends in the education sectors. Students are increasingly enrolling for online courses as they are convenient, provide flexible programmes, and compatibility with their work schedules (Britto & Rush, 2013). Student support services have shown adaptability in accommodating students who study online. For instance, in the University of Dublin, they created a website where individual students can write and post a submission online and receive a reply and/or online counselling from a counsellor (Richards, 2009). A study conducted in the same university to examine the features and benefits of online counselling to students revealed that students were satisfied with the online service, and highlighted the therapeutic benefits of writing as they automatically engage in a 'zone of reflection', "whereby through the process of constructing their story they are already engaging in the process of counselling" (Richards, 2009, p. 237). This suggests that student support services are of paramount importance to students regardless of the platform that they are delivered in.

2.11 Conclusion

This chapter provided a review of the literature on student support services. This literature review was guided by the health belief model as it is the theoretical framework of this study. Furthermore, this model was used within the literature to ensure that the reviewed literature was relevant and in accordance with the present study. In summary, beyond structural and attitudinal reasons, not enough research exists explaining why students may opt not to use (University provided) psychological services. This study seeks to address that gap in the literature.

Chapter 3

Methodology

3.1   Introduction

The purpose of this study was to explore the use of psychological services by students at the University of KwaZulu-Natal, Pietermaritzburg Campus. In particular, why students may opt not to use such services. To achieve this purpose, the following research questions guided this study:

i)   What is the usage rate of the psychological services?

ii)   Why do students opt not to access university psychological services?

iii)   What are students' perceptions of psychological services?

iv)   What are the perceptions around the impact of psychological distress on students?

v)   What are the perceived benefits of using psychological services?

This chapter describes the research methodology. The chapter begins with discussing the research setting, referring to the exact location of the study. Study participants are then described from both qualitative and quantitative aspects of this study. Other subtopics of this chapter include research approach, research design, and rationale for the design, sampling, data collection and data analysis from both aspects of the study. Furthermore, the techniques used to ensure validity and reliability are detailed.

3.2   Research setting

This study was conducted in South Africa, KwaZulu-Natal province, at the University of KwaZulu-Natal's Pietermaritzburg Campus located in Scottville, Pietermaritzburg. The demography of this campus includes both males and females; black Africans, Whites, Indians and Coloured students. This campus has both undergraduate students and postgraduate students. The campus is made up of three colleges, namely, College of Agriculture, Engineering and Science, College of Humanities, and the College of Law and Management studies.

3.3   Participants/Respondents

3.3.1   Quantitative research respondents

For the quantitative research component of this study, the UKZN (PMB Campus) student support services provided the researcher with the demographic information (age, gender, and race, level of study and presenting problem) of students who used the student support services from January 2016 to December 2016. The researcher had requested data of all UKZN Pietermaritzburg campus colleges but the Student Support Services only provided data for two colleges (College of Agriculture, Engineering and Science, and College of Humanities). The requested data is usually shared at board meetings between staff members, therefore, this information is public internal to the university.

3.3.2   Qualitative research participants

The inclusion criteria of the chosen qualitative research participants were as follows; registered students who had/ had not used students support services on campus. This criterion attracted males and females as well as all four racial groups of different ages.

3.4   Research approach

This study drew on both positivist and interpretivist traditions. The positivist tradition stresses the importance of doing quantitative research such as large scale surveys in order to get an overview of society as a whole and to uncover social trends (Serrano, 2006). A positivistic approach was utilized to gain an overview of the uptake of student support services across the Pietermaritzburg context. The qualitative interpretivist approach created space for students to discuss their personal experiences. According to interpretivists, individuals are intricate and complex, and different people experience and understand the same 'objective reality' in very different ways and have their own, often very different, reasons for acting in the world (Schultz & Hatch, 1996). The interpretivist tradition stresses the importance of doing qualitative research.

3.4.1   Research design

This study was a two-phase process employing a mixed-methods research design. Mixed-methods research is defined as the class of research where the researcher combines quantitative and qualitative research methods, techniques, approaches, concepts and/or language into a single study (Johnson & Onwuegbuzie, 2004). This approach can be used either in parallel or sequentially. In this study a sequential explanatory strategy was employed; typically this involves the examination of quantitative data first. (Ivankova, Creswell & Stick, 2006). The findings from the qualitative work assisted in explaining and interpreting the findings from the quantitative section of the study (Adamson, 2005). The limitation of using mixed-methods research is the potential incompatibility of the research paradigms (Casey & Murphy, 2009). Nonetheless, the advantage of using mixed-methods research is that it has the potential to yield more comprehensive and insightful data (Halcomb & Andrew, 2005).

3.4.2   Rationale for the design

This current study used a mixed-methods design because the research questions required both quantitative and qualitative instruments. The quantitative aspect of this study was examined first to see the usage rate of the psychological services, then the exploration of the qualitative focus groups followed.

3.5   The quantitative study

3.5.1   Archival research

This study used archival research to obtain quantitative data for this study (see Appendix B). Archival research is research involving primary sources held in archives, a special collections library, or other repositories; archival sources can be manuscripts, documents, records (including electronic records), objects, sound and audiovisual materials (Gilliland & McKemmish, 2004). Specifically, this study used electronic records provided by the student support services. Student support services on the University of KwaZulu-Natal, Pietermaritzburg campus were asked to share existing data relating to the use of their psychological services. These data included clients' age, gender, race, level of study and

presenting problem, as well as information about consultations i.e., confirmed arrivals for sessions and missed appointments.

Whilst there are limitations to using archival data, including the illusion of quick and easy research, and the difficulty with detecting errors in the provided dataset (Shultz, Hoffman & Reiter-Palmon, 2005); the advantages of archival data include the richness of data and often larger samples. Furthermore, using multiple existing dataset is an effective way to reduce, if not overcome, threats to internal validity like researcher bias (Shultz, Hoffan & Reiter-Palmon, 2005).

3.5.2 Service-based data/ service provider records

This kind of data collection required the researcher to request access to the data from the student support services at UKZN, PMB campus. This data is available within the university as it is presented at school boards and reports are emailed to the staff members. The data received contained aggregated, demographic data regarding the students who used the student support services in 2016, at the Pietermaritzburg campus. As mentioned earlier, the researcher received demographic information of the users and their reason to utilize this service as well as the problems that they frequently presented with. The researcher then analyzed this data using descriptive statistics.

3.5.3 Data analysis

The quantitative data for this study was analyzed using charts, whereby data was tabulated into charts (pie charts, clustered columns and tables). The analysis of this data was mainly descriptive. Descriptive statistics are, basically, the use of numbers to summarize and describe data (Gravetter & Wallnau, 2016). For the current study, the researcher calculated percentages to highlight which schools utilized the psychological services more, male versus female, level of usage by different racial groups and documenting the least and frequent presenting problems. It is important to stipulate that at UKZN (PMB campus), the College of Humanities had more registered students than the College of Agriculture, Engineering and Science.

3.6   The qualitative study

3.6.1   Sampling and recruitment

The qualitative aspect of this study used purposive sampling. A purposive sampling technique is a type of non-probability sampling that is most effective when one needs to study a certain domain (Tongco, 2007). Furthermore, purposive sampling strategies are designed to enhance understandings of selected individuals or groups (Devers & Frankel, 2000). A limitation of using purposive sampling is researcher bias as the sample is chosen based on the judgment of the researcher (Burger & Silima, 2006). The advantages of using purposive sampling include being able to reach the targeted sample quickly and at a low financial cost (Smith, 2005). This study used purposive sampling due to the foreseen limited time frame to conduct and finish this research. Furthermore, this choice of sampling was made with the intention to gather data from both students who have used the student support services as well as the students that have not.

The participants were recruited on campus outside commonly used venues (lecture theatres, UKZN residences, cafeteria), and posters were put up on the notice boards (see appendix G). The researcher explained the study and the study objectives to the students, and then asked if they would be interested in participating in this study. When the students showed interest, the researcher took their contact details and informed them when and where the focus group would take place. The inclusion criteria included 2017-2018 enrolled students at the UKZN Pietermaritzburg Campus, between the ages of 18 to 35 years. The sample size consisted of 16 students (two focus groups), eight undergraduate and eight postgraduate students. There were 50% males and 50% females. In terms of race, both focus groups were racially diverse. In order to help the reader with understanding the excerpts and the participants that uttered them, the researcher developed a participant-reference (key) and also tabulated the contextual details of all participants:

Key
UFGM- Undergrad focus group male 1/2/3/4
PFGF- Postgrad focus group female 1/2/3/4

Table 3.1
Focus group (Undergrads)

Key	Gender	Race
UFGM1	Male	Black
UFGF1	Female	Black
UFGM2	Male	Black
UFGF2	Female	Indian
UFGM3	Male	Black
UFGF3	Female	Indian
UFGM4	Male	Black
UFGF4	Female	White

Table 3.2
Focus group (Postgrads)

Key	Gender	Race
PFGF1	Female	Black
PFGM1	Male	White
PFGF2	Female	Coloured
PFGM2	Male	Black
PFGF3	Female	Black
PFGM3	Male	Black
PFGF4	Female	Black
PFGM4	Male	Indian

3.6.2 Data collection

Focus groups were used for data collection (see Appendix A). A focus group is a small set of six to ten people who usually share common characteristics (Krueger, 2014). Focus groups are group discussions that give the researcher the ability to capture deeper information; they provide insights into how people think and provide a deeper understanding of the phenomena being studied (Gill, Stewart, Treasure & Chadwick, 2008). Focus groups allow for a dynamic discussion between participants which stimulates their thoughts regarding the research topic. Furthermore, focus groups are an inexpensive and fast method of

acquiring valuable data (Gill et al., 2008). The focus group discussions for this study were guided by the health belief model. Hence, the questions discussed were based on the study objectives as they were formulated from the health belief model which underpins this entire study. The two focus groups took place in the psychology building in a room booked by the researcher. The duration of the focus groups was an hour each and they were recorded (with the participants' consent) and transcribed by the researcher. The limitation of doing focus group discussions is that the researcher may have trouble controlling the discussion and managing the group process; and recording data can present difficulties especially when many participants are speaking at the same time (Krueger, 2014). Fortunately, this did not occur in any of the two focus groups held in this study. Participants took turns speaking thus the recorded data was clear to transcribe.

3.6.3 Data analysis

Thematic analysis was used to analyze the qualitative data gathered from the two focus groups. Thematic analysis is a method of analyzing data which offers an accessible and theoretically flexible approach to analyzing qualitative data (Braun & Clarke, 2006). In other words, thematic analysis is "a method for identifying, analyzing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). The limitation of using thematic analysis is that it is time-consuming. However, the advantage of using thematic analysis is that you apply it in your study regardless of which theoretical framework you adopted. Hence, thematic analysis is flexible and can be used with any choice of theoretical framework (Guest, MacQueen & Namey, 2011). For this current study, after the data from the focus groups had been transcribed, thematic analysis was used to conceptually elaborate on the findings of the qualitative data.

The approach of analysis that was taken was more inductive and at a latent or interpretative level. Inductive analysis is data-driven, meaning that the researcher did not impose analytic preconceptions by trying to fit the process of coding into a pre-existing coding frame (Braun & Clarke, 2006). This implies that the developed themes that are presented in this study are strongly linked to the collected data than they might be linked with literature. Regarding doing thematic analysis at the latent level, this means that for this present study the

researcher went beyond the semantic content of the data and examined the underlying ideas, assumptions and conceptualizations that informed the semantic content of the data (Braun & Clarke, 2006). This simply means that the presented themes were not only described but were also interpreted. To ensure coherence, the researcher conducted a thematic analysis in phases; namely, getting familiar with the data, generating initial codes, searching for themes, reviewing themes, and naming and defining themes (Thomas & Harden, 2008). Naming and defining themes is addressed in the next chapter as it is part of the findings.

3.6.3.1   Getting familiar with the data

This phase provided the foundation for the entire analysis. This was because no process of coding and theme development would have happened if the researcher was not well informed, familiar and knowledgeable about the collected data (Braun & Clarke, 2006). The researcher transcribed the two recorded focus group discussions. Following transcribing, a careful reading of transcripts took place; then final listening of audio recording occurred whilst making notes of potential codes. Lastly, the researcher re-read the transcripts and highlighted significant points, also noting similarities between participants' points and of course differences. The highlighting of points and noting similarities and differences between points was in preparation for the next phase which is, generating initial codes.

3.6.3.2   Generating initial codes

This phase was about noting what was interesting about the data. This involved writing notes in the form of phrases next to what a group participant said. The researcher worked systematically through the entire data set, gave full and equal attention to each data item, and identified the most interesting aspects in the data items that formed the basis of repeated patterns across the data set (Braun & Clarke, 2006). It was important for the researcher in this phase to ensure that all data extracts were coded and then collated together within each code. Below is an example of how codes were generated:

Table 3.3

Demonstrates the coding process that paved the path for theme searching

Data extract	Coded for
M3: I think also just hearing the name psychologist it's scary because how it has been used in the past. You know when you think of Christmas you know that's a happy time but when you think of a psychologist you think you have issues and someone is going to read your mind. So I think psychologists need to find a way to be presentable to the people. So that it is easy to the eye and to the ear and when it is easy to the ear you would want to go and it would be a normal step to take as a human being. As opposed to thinking that this guy is going to get into my head and mess up with me. So they need to make it a bit light.	• Psychology needs to be more accessible and presentable • Trust issues
F3: You mean like a friend **M3:** Yes, so how do we make psychologists friendly? That's the question **F2:** I feel like exciting. When you walk into an environment like this it's serious. It's so close in like it's easy to go to the daycare because of the colours so it's vibrant but when you go to a psychologist it's so serious you get more depressed. There's like two chairs and a desk and the other chair is for you, it's a serious thing. So I feel like the presentation of the psychology building or office should be more easy going. If you going to see a psychologist you should be comfortable and lay on the floor if you want to. It does not have to be like a serious interaction where you feel like you must tell them what is going on. It should be less structured.	• Psychology needs to be more accessible and presentable
M1: Also you guys should stop dressing so sharp, but we will never know perhaps the profession requires you to dress like that. Maybe behind closed doors that is what is expected. M4: Yeah it is hard to face someone who is wearing something like a suit and tie	• Psychologists themselves don't look approachable

3.6.3.3   Searching for themes

In this phase the researcher grouped together the codes that potentially alluded to the same point; through analyzing the codes and considered how similar and/or different they were and therefore formed overarching themes. According to Braun and Clarke (2006) "it may be helpful at this phase to use visual representations to help sort out the different codes into themes" (p.89). Thus, the researcher developed a thematic map to demonstrate how different themes were formed.

3.6.3.4   Reviewing themes

In this phase, the researcher studied the developed themes to see if they formed a coherent pattern, of which they did and further adequately captured the contours of the coded data. The researcher also considered the validity of individual themes in relation to the data set (Braun & Clarke, 2006) by comparing a theme with data extracts to verify that the developed themes were true reflections of the entire data set. For example, see below the presented table:

Table 3.4
Theme evaluation

Data extract	Coded for	Theme
M3: I think also just hearing the name psychologist it's scary because how it has been used in the past. You know when you think of Christmas you know that's a happy time but when you think of a psychologist you think you have issues and someone is going to read your mind. So I think psychologists need to find a way to be presentable to the people. So that it is easy to the eye and to the ear and when it is easy to the ear you would want to go and it would be a normal step to take as a human being. As opposed to thinking that this guy is going to get into my head and mess up with me. So they need to make it a bit light.	• Psychology needs to be more accessible and presentable • Trust issues	• Preventatives

The above extract was previously presented in this study to demonstrate how data was coded in phase two. In this phase, it was presented to illustrate that the themes that emerged were reflective of the coded data and the entire data set.

3.6.3.5   Naming and defining themes

The naming and defining of themes phase included identifying the essence of what each theme was about and determined what aspect of the data each theme captured (Braun & Clarke, 2006). The names given to the themes aimed to be punchy and carry meaning regarding what each theme entailed.

3.7   Validity, reliability and rigour

When doing mixed-methods research, it is important to compensate for the weaknesses of one method with the strengths of another method (Onwuegbuzie & Johnson, 2008).

3.7.1 Quantitative validity, reliability and rigour

The current study focused on internal and external validity and reliability of quantitative work. External validity is a key criterion in quantitative research (Onwvegbuzie & Johnson, 2006). Hence, it determines whether one can draw more general conclusions on the basis of the model used and data collected and whether results may be generalized to other samples, time periods and settings (Ihantola & Kihn, 2011). However, the quantitative data received had already been calculated by the student support services. The researcher had to take care when rearranging the quantitative data in the process of summarizing it and presenting it in table formats.

3.7.2 Qualitative validity, reliability and rigour

In qualitative research, the primary focus is to capture authentically the lived experiences of people and to represent them in a convincing text; thus, contextual validity refers to the credibility of the study evidence and conclusions drawn from it (Ryan, Scapens & Theobald, 2002). In qualitative research, transferability is concerned with whether the research results are transferable, i.e. extended to a wider or alternative context (Eriksson & Kovaleinen, 2008). For this present study, in order to ensure credibility and dependability, the researcher used direct quotes from the focus groups. Hence, the focus group discussions were recorded and transcribed. To ensure transparency, the researcher demonstrated how the data was coded by tabulating the coding process whereby extracts were matched with the given codes. The use of a thematic map was adopted to shed light on the step by step process that the researcher underwent to showcase credibility of the themes that emerged; and thoroughly defined them, after giving them names that were self-explanatory. Furthermore, the results from this study were cross-referenced with other studies with similar objectives, to see whether the results of this study could be confirmed or corroborated. The present research incorporated quantitative data with perspectives from students themselves, to facilitate the credibility of the study findings. This provided the researcher with a holistic understanding of student support services from both viewpoints of the service providers and service recipients. To ensure the integrity of the results, the researcher discussed the common trends in the data set as well as deviant cases, and this allowed the researcher to draw credible conclusions.

In aiming for dependability of the results, Babbie and Mouton (2001) suggested that there needs to be proof that the obtained results can be regenerated if the study was to be replicated in a similar context with the same participants. Thus, the researcher developed a vignette as well as semi-structured questions that were used to facilitate the focus groups; and outlined the data collection process and analysis to demonstrate that they were done adequately. To further strengthen dependability, the researcher provided a clear description of how the research design was planned and implemented (Shenton, 2004). Furthermore, the feedback from the researcher's supervisor provided the necessary "peer scrutiny of the research project" (Shenton, 2004, p.67). Hence, the supervisor's guidance provided another lens into the study and helped in strengthening credibility of this research.

3.7.3 Reflexivity

Reflexivity is a valuable strategy in research, as it pertains to the researcher's awareness of the analytic focus of his relationship to the field of study (Darawsheh, 2014). For example in this current study, the researcher reflected on the process of data collection. For both aspects of the study (quantitative and qualitative) there was a great deal of trust and confidentiality that was required from the researcher. For the quantitative study, trust was a necessity because the requested information from the student support services was delicate yet public. So the researcher's supervisor helped facilitate a trustworthy relationship between the researcher and student support services. Regarding the qualitative study, the participants appeared to be initially uneasy. What seemed to have helped in establishing rapport with them was the researcher's disclosure of his credentials and being a fellow student just like them.

Researchers are predisposed to some level of subjectivity when conducting research (Jootun, McGhee & Marland, 2009). Thus, self-reflexivity is to be considered in every step of the research process. For instance, the researcher's background, politics, race, gender, culture and philosophies may pollute the authenticity of the research findings, especially when the researcher is unaware of their own interference of subjectivity and the negative impact such factors may have on the research project. To prevent this, the researcher chose "the space between" position during focus group discussions. The space between position is

customary in-between the "outsider" and "insider" positions (Kerstetter, 2012). In the insider position, the researcher's knowledge and experience are out in the open to the participants (Le Gallais, 2008). Whilst in an outsider position, the researcher is a blank-slate[2] and does not reveal much about themselves. For this study, the researcher chose "the space between" position because this position heightened self-reflexivity and put the researcher's positionality in constant flux (Kerstetter, 2012).

For example, the researcher was aware of the discomfort that was likely to happen if the approach to conducting the focus groups was more direct and went straight to discussing reasons why students may opt not to seek psychological services on campus. Therefore, the researcher developed a vignette (see Appendix A) which served as an icebreaker and created rapport (not only with the researcher but among participants too). This activity was also intended to remove focus from the researcher and positioning the group discussions between participants. This appeared to have worked as the levels of anxieties became minimal and the group space was then considered as a safe place to share personal information as well as experiences. Furthermore, the researcher was mostly in an "outsider" position facilitating but other times the researcher was as "insider" slightly contributing. For instance, there was a need to clarify the difference between a psychologist and a psychotherapist; the researcher provided this clarity and the discussion proceeded. Reflecting on the above inquiry from participants about the difference between a psychologist and a psychotherapist; the researcher wondered if the question had arisen because he had introduced himself as a masters student as well as an intern counselling psychologist, and this introduction and influence it might have had on the process of data collection and analysis. Perhaps, having heard and understood that the researcher was a psychologist in-training, the participants might have been inclined to want to provide what they believed were correct answers to please the psychologist before them. To prevent the inclination of providing 'correct answers' as opposed to participants' actual thoughts and experiences, the researcher kept on foregrounding and emphasizing that there were no wrong or right answers and that the group discussions were mainly interested in

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[2] Blank-slate is originally a psychoanalytic tern referring to a psychotherapist not disclosing any of their personal information to their patients; creating a safe space for patients to project their experiences, desires, needs, and beliefs (Gill, 1983).

ascertaining the honest thoughts of participants as well as their experiences or lack of experience with the psychological services on campus.

3.8   Ethical considerations

Ethical principles are used to guide research in addressing the initial and ongoing issues that may arise from the study in order to meet the goals of the research as well as to maintain the rights of the research participants (Orb, Eisenhauer & Wynaden, 2001). The ethical principles considered in this present study were autonomy, nonmaleficence, beneficence and justice (Beauchamp, 2007). These principles were honoured by ensuring that there was voluntary participation, informed consent, prevention of harm, fair treatment, confidentiality and debriefing (see appendix D & E) (Orb et al., 2001). This study had no noted nor expressed risks to participants. However, if emotional or psychological distress occurred, the participants were briefed about the Child and Family Centre (see appendix H). No participant required referral for these services. Furthermore, gatekeeper's approval as well as ethical clearance received allowed this study to be conducted (see appendix I & J).

3.9   Summary of the chapter

In this present chapter, the researcher explained how the targeted population was sampled, how data was collected and analyzed. The chapter also covered ethical principles considered for this study as well as validity, reliability and rigour. A mixed methods approach was utilized in this study, with the quantitative study happening first which outlined the usage rate of psychological services by students on campus; followed by the qualitative study which produced the meaning behind the evident pattern of usage that was indicated by the quantitative study. In conclusion, the methodology of this study intended to provide a holistic understanding of psychological services on campus, the usage rate of psychological services and the rationale behind this pattern.

Chapter 4

Findings/Results

4.1 Introduction

This chapter presents findings from both quantitative and qualitative studies.

4.2 Quantitative results

The results from the quantitative study were divided into two sections (College of Humanities and College of Agriculture, Engineering & Science). The sections below present data from the services' reports for the year 2016. It is important to note that the received quantitative data did not specify cases where one student used the services more than once. Nonetheless, the data was still worth presenting. Furthermore, the College of Agriculture, Engineering & Science had less registered students (3172) compared to the College of Humanities (3985).

4.2.1 College of Humanities

Figure 1 illustrates the overall usage rate by students from the College of Humanities.

- 24% of students utilized psychological services
- 76% of students did not utilize psychological services
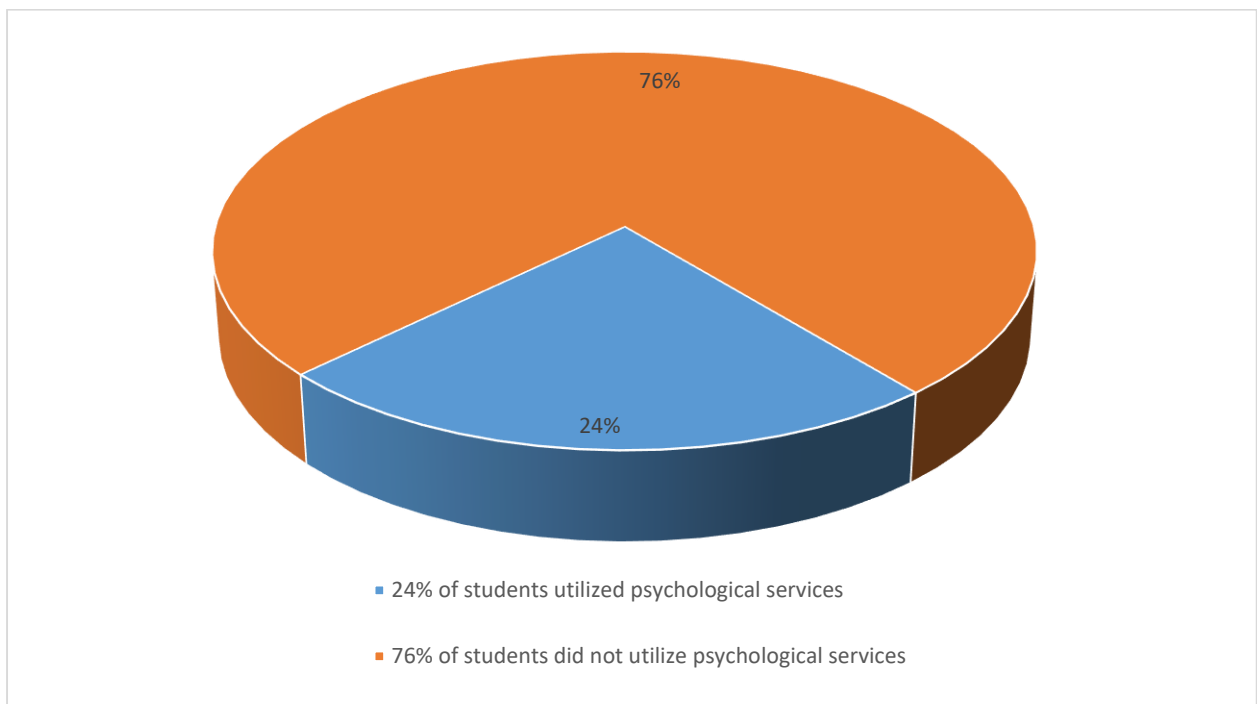
Figure 4.1: Total usage rate of psychological services

It is also important to state the usage rate of psychological services according to undergraduate and postgraduate students in this college in 2016. Overall, only 32% of undergraduate students utilised psychological services on campus; while on the other hand, only 9% of postgraduate students utilised psychological services on campus from the College of Humanities.
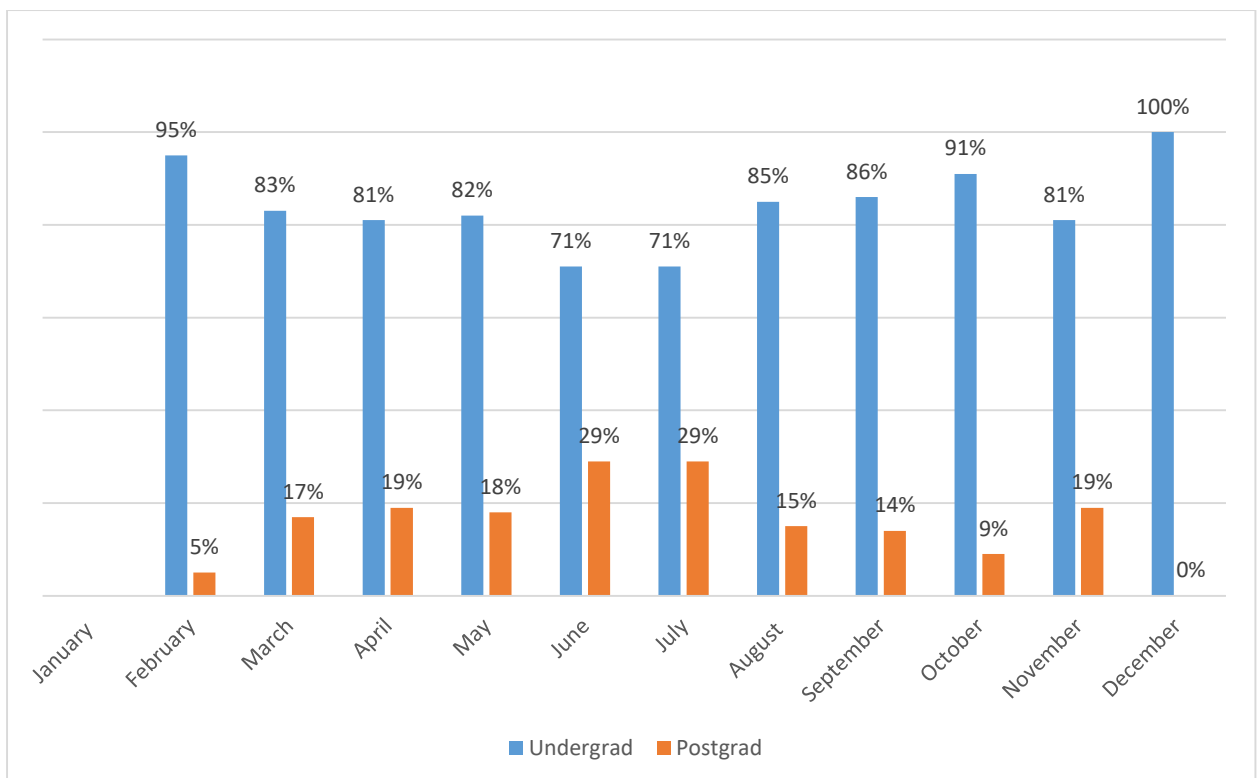
Figure 4.2: Level of study (Undergrad vs Postgrad)

Figure 4.2 illustrates the usage rate of psychological services according to the level of study whether students were undergraduates or postgraduates. The usage rate for January was not captured by student support services probably because the academic year usually starts in February. Thus, no data for this month was received by the researcher. As can be seen, undergraduate students sought more psychological assistance than their fellow counterparts, postgraduate students.
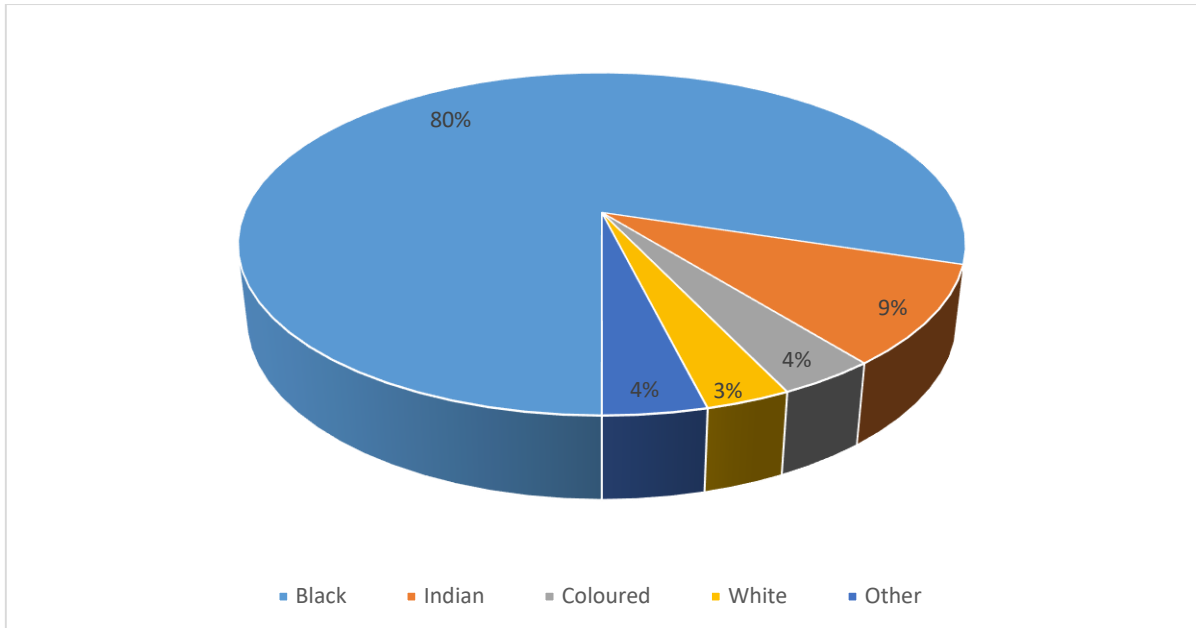
Figure 4.3: Race

Figure 4.3 demonstrates the usage rate of psychological services' distribution according to race. The lowest usage rate was by White students with 3%, followed by Coloured students that tied up with the unspecified/other group both sitting on 4%. Indian students' psychological service usage rate was 9%. The racial group that used psychological services the most was Black students with 80% usage rate.
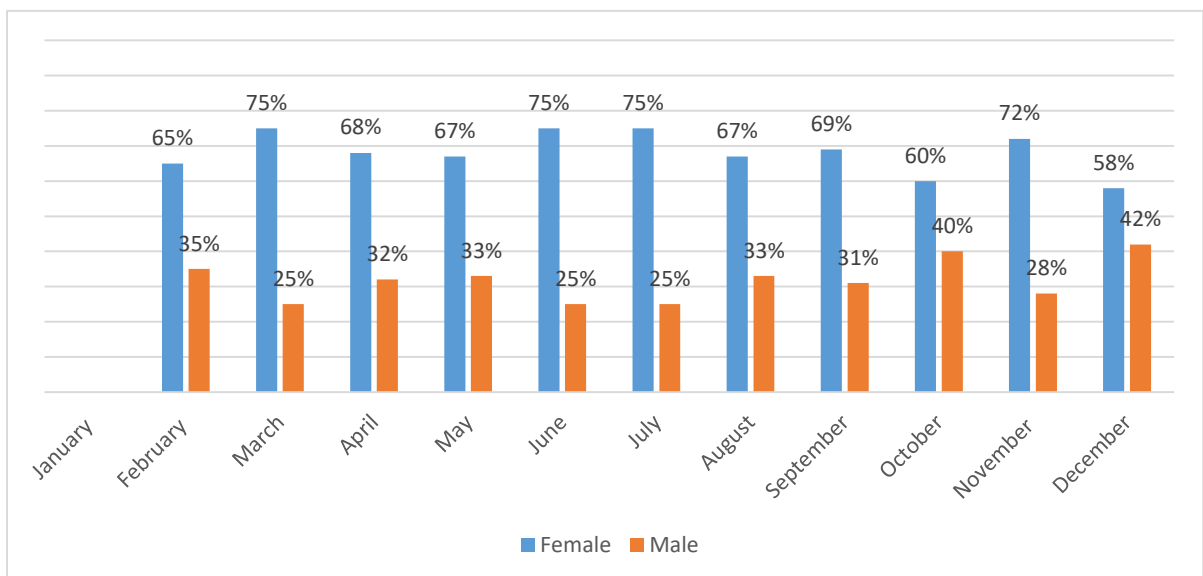
Figure 4.4: Gender

Figure 4.4 above indicates usage rate of psychological services on campus according to gender.

Overall, female students appeared to have used psychological services on campus twice as often as their male counterparts.
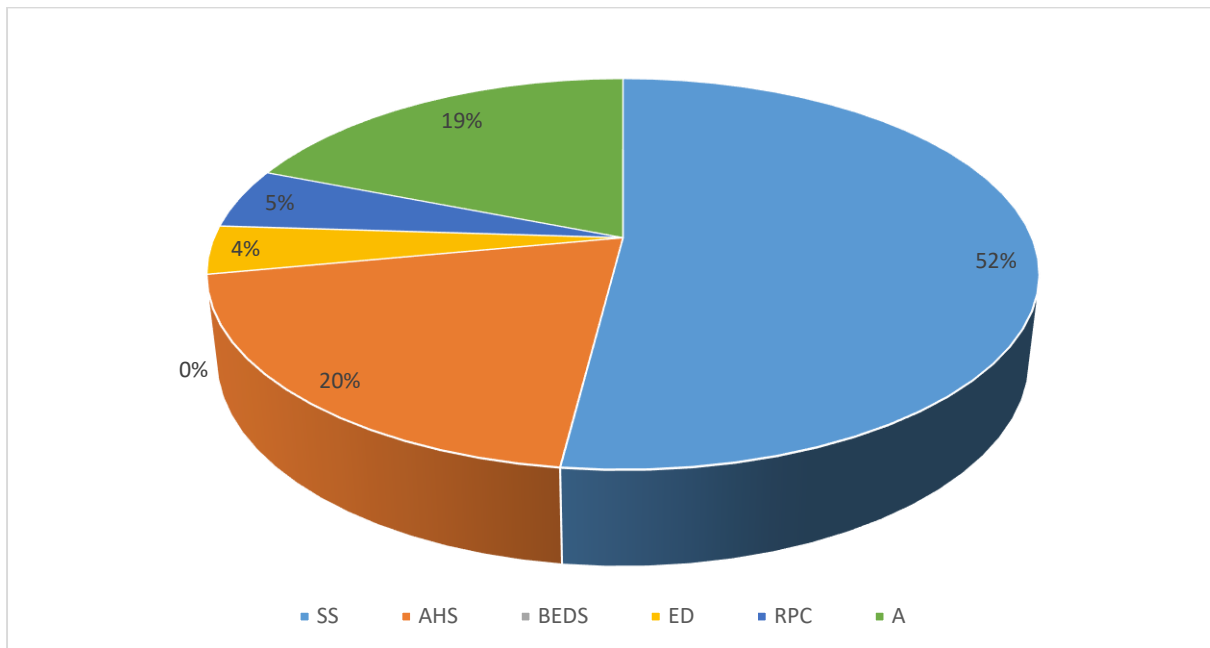
Figure 4.5: Consultations by schools

Figure 4.5 illustrated the usage rate of psychological services by different schools within the College of Humanities. There was no reported usage of psychological services on campus by students from the School of Built Environment and Development Studies (BEDS). The other abbreviations that were used in this figure were: SS – School of Social Sciences, RPC – School of Religion, Philosophy and Classics, AHS – Applied Human Sciences, ED – School of Education and A stands for School of Arts. The School of Social Sciences utilized psychological services the most by 52%, followed by the School of Applied Human Sciences which used 20%. The School of Arts used psychological services by 19%. The School of Religion, Philosophy and Classics only used 5%. Students from the School of Education utilized 4% and this was the lowest usage rate.

Table 4.1

Presenting problems

	Least frequent	Most frequent
January		
February	Assault	Career counselling
	Anger management	Degree/course information
March	Academic appeal	Academic-general
	Disability	Relationship-family
April	Exit counselling	General academic counselling
	Assessment	General career counselling
May	Academic appeal	Anxiety
	Disability	Academic-general
June	Academic appeal	Academic-general
	Disability	Relationships-family
July	Academic appeal	Relationships-family
	Disability	Academic-general
August	Academic appeal	Degree/course information
	Disability	Career counselling
September	Academic appeal	Career counselling
	Disability	Anxiety
October	Academic appeal	Relationships-partner
	Disability	Academic-general
November	Neuropsychological assessment	General academic counselling
	Crisis management	Relationship issues- partner
December	Academic-related	Financial problems
	Food insecurity	

Table 4.1 showed the common presenting problems according to months that students sought assistance for from Student Support Services. The table included both the least and most frequent presenting problems. The least frequent problem that students presented with was academic-appeal and disability related issues. This meant that the students that used psychological services from the College of Humanities were less likely facing any possibilities of academic exclusion and disabilities. The most common problem that students presented with was in relation with general academic enquiries such as career counselling. Another significant common issue that students presented for was difficulties in personal relationships i.e., familial and romantic relationships. It is important to note that from the College of Humanities it appeared that the usage of psychological services was more for personal issues than academic.

4.2.2   College of Agriculture, Engineering and Science results
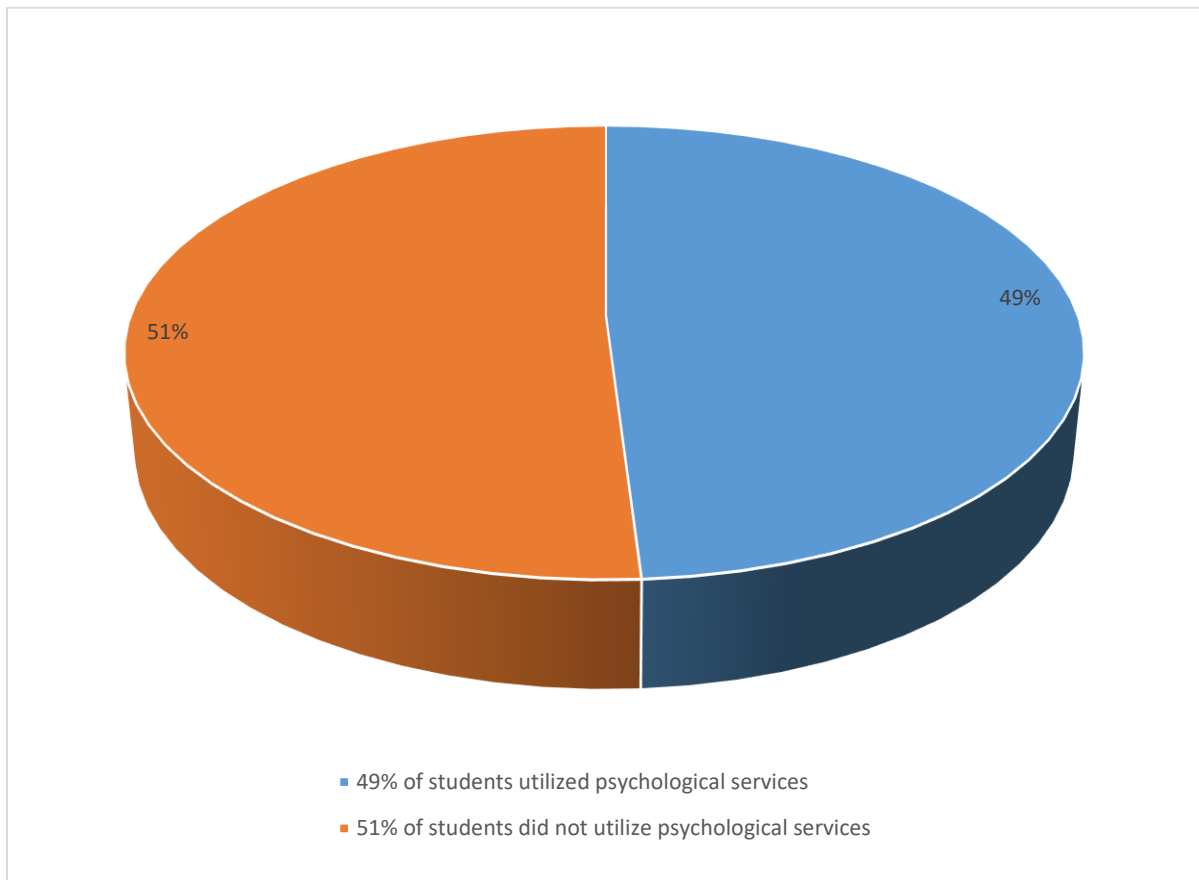
Figure 4.6: Total usage rate of psychological services

Figure 4.6 above demonstrates the total psychological services usage rate by the College of Agriculture, Engineering and Science. In addition to these presented overall percentages, only 39% of undergraduate students utilised psychological services on campus in this college. Regarding the postgraduate students from the same college, only 43% of them utilised psychological services on campus.
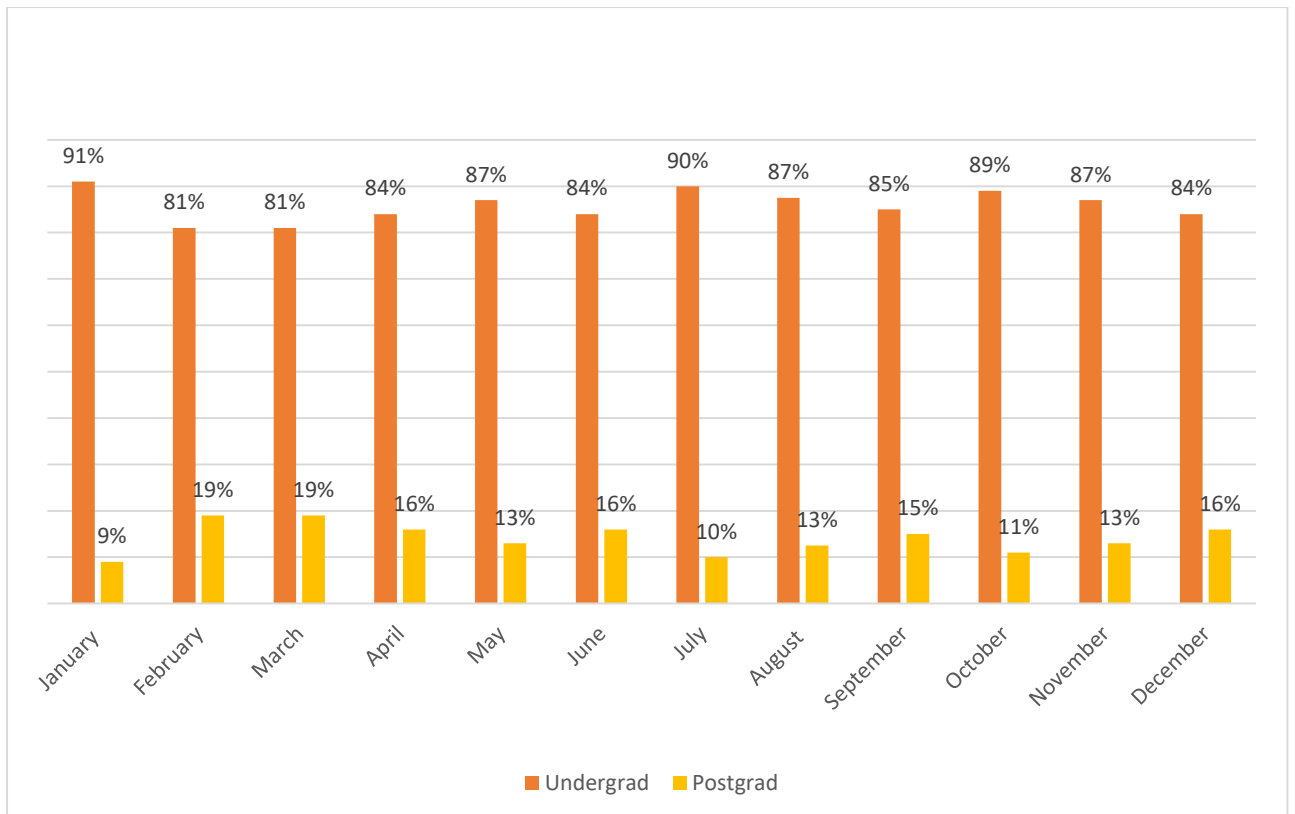
Figure 4.7: Level of study: Undergrad vs. Postgrad

Figure 4.7 above demonstrates the usage rate of psychological services by students from the College of Agriculture, Engineering and Science. The presented usage rate is according to whether students were undergraduates to postgraduates. Overall, undergraduate students sought more psychological assistance than postgraduate students in the College of Agriculture, Engineering and Science; or rather psychologists in CAES spent most of their time working with undergraduate students, especially considering that proportionally, more postgraduate students were found to use psychological services (43%) when compared to undergraduate students (39%).
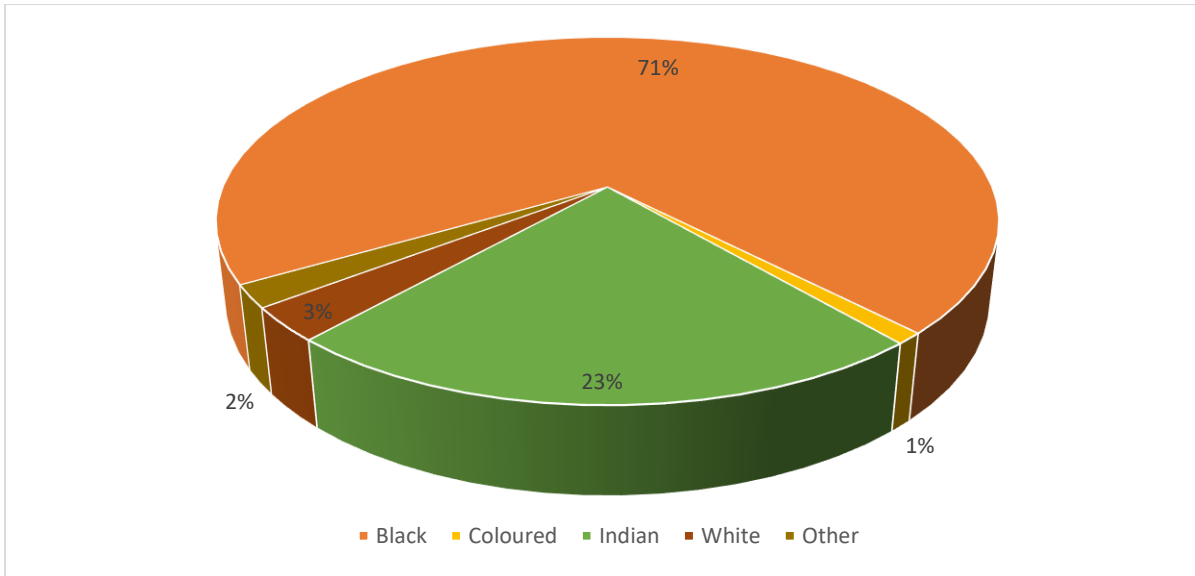
Figure 4.8: Race

Figure 4.8 presents a 3-D pie chart containing the distribution of psychological services as utilized by different racial groups. Coloured students appeared to consult less than other racial groups by only reaching 1% usage rate; followed by the unspecified/other group that reached 2%. White students' consultations accounted for 3%. Indian students utilized psychological services by 23%. The highest psychological usage rate was by black students with 71%.
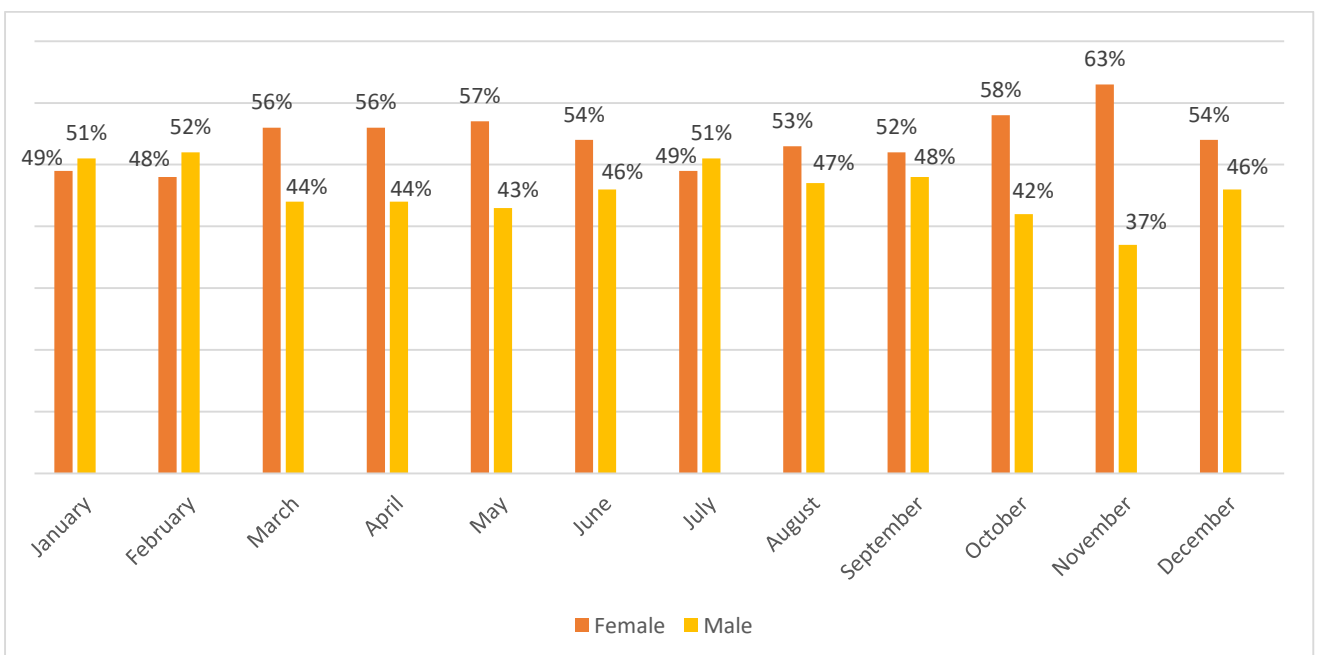
Figure 4.9: Gender

Figure 4.9 illustrated how males and females used psychological services on campus. Overall, in the College of Agriculture, Engineering and Science the gap between male and female students is small regarding the utilization of psychological services on campus.
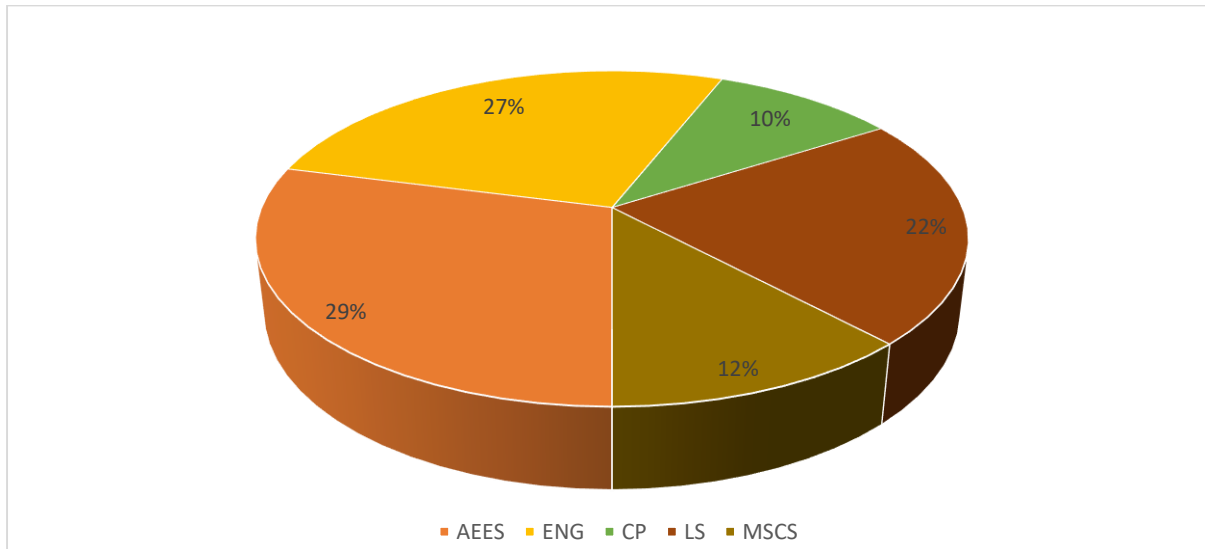
Figure 4.10: Consultations by schools

Figure 4.10 above demonstrated how different schools within the College of Agriculture, Engineering and Science utilized psychological services on campus. The abbreviations used in this figure were: ENG – School of Engineering, AEES – School of Agriculture, Earth and Environmental Sciences, CP – School of Chemistry and Physics, LS – School of Life Sciences and MSCS stands for School of Mathematics, Statistics and Computer Science. The School of Chemistry and Physics utilized psychological services by 10%. The School of Mathematics, Statistics and Computer Science used 12%. The school of Life Sciences utilized 22%. The usage rate of psychological services was closely related between the school of Engineering and the School of Agricultural, Earth and Environmental Sciences. The School of Engineering used 27% whilst the school of Agricultural, Earth and Environmental Sciences utilized 29% and this was the highest.

Table 4.2

Presenting problems

	Least frequent	Most frequent
January	Anxiety	Student monitoring
	Career assessment	Career counselling
February	Adjustment & Depression	Academic risk
	Career assessment	Student monitoring
March	Study skills	Student monitoring
	Depression	Academic risk & Career assessment
April	Anxiety	Student monitoring
	Adjustment	Time management
May	Family issues	Study skills
	Career assessment	Student monitoring
June	Relationships & Advocacy	Student monitoring
	Failing & Appeal	Career counselling
July	Depression	Academic risk
	LEC Feedback	Student monitoring
August	Exit counselling	Academic risk
	Appeals & Family issues	Student monitoring
September	Food insecurity	Academic risk
	Depression & Career assessment	Student monitoring
October	Academic risk	Student monitoring
	Anxiety & Health issues	Relationships
November	Adjustment	Student monitoring
	Health issues	Study skills
December	Student development	Student monitoring
	Health & Relationship problems	Depression

Table 4.2 presents problems according to months that students sought help for from the Student Support Services within the College of Agriculture, Engineering and Science. It appeared that students from CAES presented less with depressive symptoms, anxiety and adjustment issues. This meant that they less presented with general psychological difficulties. However, they commonly presented for student-monitoring and academic-risk. This indicated that students that utilised psychological services at the CAES were usually struggling academically, perhaps facing academic exclusion or coming back from academic exclusion. In summary, students from this college (that utilised the psychological services) had prominent issues with regards to their academics than their personal and/or psychological spheres.

4.2.3   Summary

The above section presented the usage rate of psychological services by the College of Humanities and the College of Agriculture, Engineering and Science. It was noted that mainly female, undergraduate and Black students made use of psychological services the most across both colleges. The results also indicated that students from the College of Humanities were frequently consulting for personal issues, whilst, students from the College of Agriculture, Engineering and Science were mainly consulting for academic difficulties and that their consultations were compulsory and/or a requirement from the college. It was further observed that the College of Agriculture, Engineering and Science made use of the services more than the College of Humanities. Although the College of Humanities had more registered students. This suggested that academic difficulties were more prevalent in the College of Agriculture, Engineering and Science. Hence, students from this college frequently presenting to Student Support Services for academic monitoring/ academic difficulties.

4.3   Qualitative study

The qualitative section presents excerpts from the focus group discussions as well as the interpretation of these excerpts.

4.3.1   Awareness of psychological services

This theme emerged following participants' input in the focus group discussions either alluding to knowing or not knowing about psychological services on campus. The majority of participants reported not to know anything about such services on campus and the few that were aware of the services mainly just knew the whereabouts or only went there fulfilling an obligation because they had failed a module or a course. For instance, participant PFGM2 said *"the only reason I went there I got sent there because I was on Orange"* meaning that if his academic performance did not improve he would have been academically excluded. It appeared that having to go and see the counsellor due to underperforming academically created awareness about psychological services on campus to the point that participants embraced the idea of going to a psychologist for other reasons besides academics. For example, participant UFGF3 said:

Yeah I'll go see a psychologist also not only when I have a problem but for like I don't know if I should call it a mental check-up or emotional check-up but I'll go just like seeing a doctor and saying I'm feeling some type of way even when I'm not feeling just to know what is going on with you not just physically but emotionally and mentally as well because you could be under stress but would not realize it until it's late. So it's good it's like a release to see a psychologist even when you don't have a problem. So I'll go to see a psychologist just for the sake of it.

Participants shared that they went to Student Support Services mostly for academic challenges, and when they had been mandated to attend counselling. Awareness seemed to have come about after students had been ordered to see a psychologist on campus and later realized that psychological services on campus were helpful. However, participant UFGF3 seemed to have positioned herself as a student that has had a change of heart regarding her perception of psychological services on campus. She further demonstrated that her newly found positive perception extended to advocacy, by saying that *"it's good it's like a release to see a psychologist even when you don't have a problem"* and mentioning the need to have mental check-up or emotional check-up. Hence, she appeared to be de-stigmatizing the use of psychological services by likening it to going to a doctor for a check-up. Participants also expressed their worry regarding lack of awareness about such services as they mainly learn about them when they are experiencing academic difficulties. For example, participant PFGF1 said:

The only way you get to know about them is when you are in trouble. I didn't know about them before and then I had to experience a problem and then that's when I got to know about them.

Many participants expressed having struggled before but did not know what to do or where to go. For example, participant UFGF4 said:

There were times where I needed to speak to a psychologist but obviously did not know where they were. So I did not make the effort because I was unaware of it.

Participant PFGF1 and UFGF4 in the group contexts seemed to position themselves as affected by the system due to the lack of awareness; alluding that if the psychological services on campus were well advertised then they would not have struggled. The lack of advertising of psychological services on campus seemed to have troubled participants deeply to the point that they suggested the use of digital interaction to create more awareness whether by using Student Central and/or the email platform. For instance, participant PFGM1 said *"they need to put it on like a spam, it needs to be like on a student central page or when you log on to the lab computers"*. Regarding awareness, the participants concluded that the use of digital interaction would be inclusive and effective.

Participants reported to be aware of academic advisors because they usually seek assistance from them and believed that academic advisors are psychologists themselves. For example, participant PFGM2 said that:

> *Students just go to academic advisors and expect them to know everything but if your academic advisor is diligent he'll refer you to a psychologist, but aren't they psychologists anyway?*

It seemed like participant PFGM2 highlighted the confusion about services meant to assist students on campus, and that students may not know which service might be appropriate for them at a particular time. In contrast, participant UFGF1 appeared to be knowledgeable about most services on campus and the purpose which they served. For instance, she said:

> *See on campus there is a HIV group there that has a counsellor that tests and afterwards they can refer you to go see a psychologist and the psychologist can take further steps and refer you to the academic advisor to get counsel on what you may study and they do follow ups as well, if you don't come back they find ways of contacting you to find out your reasons for not coming back.*

As participant UFGF1 was demonstrating her knowledge in the above excerpt, the other participants (in this focus group) were surprised and kept quiet for a moment; their silence appeared to indicate that participants in this group were unaware of what participant UFGF1 was talking about. The silence was then broken by participant UFGF4 by saying *"yeah*

I feel like people need to know about this information and about all the steps that they can take if you are facing difficult situations". This indicated that there was not enough awareness about psychological services on campus. Nonetheless, as the group process was unfolding, participants started to counter the issue of awareness with tentative solutions. For instance, participant UFGF3 wondered if incentives would not work in raising awareness, she said:

> *As people sometimes we just remember what we choose to remember so the issue of awareness is not always the case. Think of a situation where you are told you'll get R1 million if you remember someone's name, you will definitely remember it.*

This comment surfaced the issue of awareness versus forgetfulness stating that sometimes the information was conveyed to them but they forgot. The participants' argument here indicated that participants were bound to forget about psychological services unless they were motivated and/or given incentives. For instance, participant PFGF2 said:

> *I did attend orientation and they did mention it but it actually slipped my mind because you are not in trouble as yet. So you don't need it so all you are here for is your academics. So as long as your life is going according to plan or is normal I don't actually think you keep a memory that you have a place like that.*

It appeared that even though awareness is lacking but also students seemed to forget about psychological services on campus because at least once they heard about these services and this was during orientation of first year students that occurs annually. Nonetheless, the lack of awareness seemed to be quite significant. For examples, participant PFGF1 shared that:

> *Last year I was pregnant and juggling school and the whole pregnancy was not easy at all and I feel like if I did know about this service my life would have been easier. I feel like they are honestly not there.*

Participant PFGF1 expressed her deep concern for the lack of awareness about psychological services, hence, she understood that in that difficult situation she was facing with her pregnancy she could have benefited from seeing a psychologist to help ease her

emotional pain. Her talk in the above excerpt positioned her as helpless and vulnerable as a result of not being aware of useful services on campus. A similar concern was shared by participant UFGM2 as he believed that:

> *The awareness issue needs to be looked at into more because if everyone is aware we might even have a line like the one they have at student housing. So people would just go to see a psychologist if there was enough awareness.*

It appeared that most students recognized the need to have psychological services on campus. However, students were worried that they hardly heard anything about such services unless if they were struggling academically. Students showed interest in utilizing psychological services on campus for both academic and personal affairs. Thus, they would like more awareness about psychological services on campus.

In summary, many participants were not aware of psychological services on campus. Some participants were confused by the different support services on campus and confused academic advisors with psychologists. Some participants only became aware of the psychological services through being compelled to attend academic monitoring. Many participants believed that greater awareness needed to be created about the services and suggested digital platforms. Participants reflected regret that they did not know these services existed prior to the focus group discussions. One participant highlighted the importance of motivation ("*you'll get R1 million if you remember* ") in remembering these services.

4.3.2 Students' support system/s of choice

This theme was developed based on the consistent narrative from participants as they highlighted the need for support in a student's life. There was an interesting balance when it came to participants choosing their preferred support structure; participants who were from the College of Humanities discussed psychological services on campus as their main source of support. Whereas, participants who were not from the College of Humanities discussed family as the main source of support and had religion as alternative support. Although family and religion were their main support structures, they still utilised

psychological services on campus but mostly for academic monitoring and not for mental health. Participant PFGF3 from the College of Humanities shared a conversation she had with a student from a different College:

> *There is this one girl she had problems as well I told her to go see a psychologist she replied by saying God is gonna help me out. I'm just standing firm and everything is gonna be sorted.*

It seemed that religion for this particular student was her main and only support structure, and it appeared that there was no room for other support systems such as psychological services in their life. It appeared that participants were embracing their support systems and took a position of consistent-loyalty; meaning that if they were to explore other support structures they would be betraying themselves as well as their support systems. Hence, when they utilised psychological services on campus it would usually be under compulsion.

It was also interesting to note that students from the College of Humanities in the discipline of psychology had an idea that they could help themselves when in need; meaning that they would provide psychological services to themselves i.e. if a psychology student is depressed they would have to treat themselves to overcome depression. For instance, participant PFGF2 said:

> *Even psychology students sometimes we have all the answers and you don't need to go see someone. I have learnt all these things let me try and fix myself you know let me try and you know that's how we think.*

The above talk positioned psychology students as 'knowledgeable', and possibly more informed than other group participants. On the other hand, it seemed students who would rather try to help themselves were struggling with perhaps admitting that they actually need help in the first place. Some participants understood this as participant UFGF2 said: "*other people would not perhaps want to accept that they have a problem or would want to be self-sufficient.*" The need to be self-sufficient and the anxiety around help-seeking appeared to have made it hard for certain students to come into terms with that they are struggling and therefore would benefit from seeing a professional for their struggles.

Interestingly, whether students were more in favour of family support, religion, self-sufficiency or psychological services, there was a consensus between participants recommending an on-campus student support group. For instance, PFGF1 said:

Maybe the services here could start setting up a support group or something because if people don't want to come to see a psychologist and there are a bunch of students who are going through roughly the same thing they can speak with each other; because you know as students we all have problems and our problems are almost similar. I don't want to talk to an old white lady who can't relate to my problems but if I know that there are other people my age who are experiencing what I'm going through then it will be easier for me to talk to.

The above excerpt was significant because it brought up relational difficulties as this participant said "*I don't want to talk to an old white lady*". This participant implied that talking to someone whom you don't share common experiences with might impose relational difficulties (inability to connect with somebody). Furthermore, the participant seemed to raise race as a potential barrier to seeking assistance from a psychologist. Hence, participant PFGF1 mentioned that she would rather open-up to her fellow peers than to someone older than her and also belonging to a different racial group than hers. It appeared that racial differences would hinder the development of rapport between PFGF1 and the *"old white lady"* and at a superficial level this might just be a relational issue. A deeper interpretation might reflect the nature of how the South African society perceive each other, especially, when it comes to race. Simply put, participant PFGF1 was alluding to the difficulty that South Africans face when they have to form rapport with people of a skin colour different from theirs. This could be attributed to the country's unpleasant history that involved apartheid, which made it hard for racially different people to trust one another. The researcher's race (black) appeared to allow black participants to open up about their struggle to seek help from a white psychologist on campus. However, this further seemed as a technique for othering psychologists and positioning all psychologists as different from students. Hence, participants suggested a support group that would not have psychologists but only students to both run it and participate in it. Thus, this relational issue

seemed to transcend race and forged a student-to-student alliance which excluded psychologists.

Despite the racial and relational issues, participants seemed to have recognized that professional psychological services were beneficial. However, these benefits appeared not to be unconditional. Hence, students expressed their need to be seen by a psychologist that (preferably) looked like them and spoke their language. Thus, most participants realized the support provided by student support services as necessary but attached conditions to it; and if these conditions were not met then students sought alternative support from other fellow students and/or friends. For example, participant PFGF1 recalled a response from her friend after telling her that she wanted to see a psychologist. The friend responded by saying *"no friend we can sort that out, we can sit and talk about it and that's gonna be it, just don't go."* It sounded like the friend was not very much trusting of psychologists on campus and therefore projected her feelings to participant PFGF1. Nonetheless, it seemed that participants recognized the need to be supported in any form but required help in accessing the appropriate support systems and wanted to fully relate with the support providers.

To summarize this section, most participants had preferences regarding the kind of support that they wanted. Participants from the College of Humanities mostly preferred receiving support from psychological services on campus. However, it was students from the other colleges that utilised these services the most, but mainly for academic monitoring. Some participants preferred receiving help from their families and also put their faith in God. One participant believed that psychology students could help themselves and be their own source of support. Most participants demonstrated that their preference for the kind of support to seek was determined by racial and relational issues.

4.3.3   Factors that motivate students to seek help

This theme emerged as the result of participants expressing that there were certain factors that motivated them to seek psychological services on campus. These factors were either pleasant or unpleasant, such as feeling lonely when you first arrived at the University. The participants also discussed the fear and anxiety that came with the thought of disappointing

their parents and how this motivated students to seek academic and psychological services. For instance, participant UFGM3 said "*making it into University is a big deal and the biggest pride for the parents, they even tell the neighbours that their child is doing big things.* This implied that students were dealing with the pressure from home to succeed and their personal fears of disappointing families by failing their modules. Thus, it appeared that the fear of failing or actually failing motivated students to seek psychological services. For instance, participant PFGF1 said "*it took me failing to realize that I need help*". Failing for students appeared to be an eye opener and made them to realize that they might be in need of psychological services to detect what was causing them to fail. However, the motivation did not only come from students' personal accord but would also sometimes be a requirement from the University. For example, participant UFGM4 said:

> *People who know where the psychologists are, are the people who are at risk because that is when they do say that if you want to register then first see a psychologist and go for counselling before you can register for this academic year.*

Although the above motivated students to seek psychological services, as it meant that something can be done to help them to get back on track academically. It appeared that psychological services were positioned as a last resort to recover from failing. However, this kind of motivation worried students hence they felt that something should have been done earlier to motivate them to go find help from psychologists on campus prior to being at risk academically; and this would have prevented them to fail in the first place. For instance, participant UFGM3 expressed that "*it is like they wait for the disaster to happen when it can be prevented.*" So students were alluding to the idea of having a preventative model which would be a constant motivator to them and meant that if it was in place, students would remain motivated and aware of on-campus psychological services. Hence, participant PFGM2 emphasized that "*prevention is better than treatment you know, you gotta prevent it from happening in the first place.*"

Another significant factor that seemed to have motivated participants to seek psychological services was being familiar with the psychology profession prior to being in trouble

academically or prior to even being a University student. For instance, participant UFGM1 said:

> *The first thing that maybe I have to put out there is that I wanted to become a psychologist so I knew what kind of help I could benefit from them and had an understanding of that. So the first point is to understand that there is an issue that you have and it's problematic for you and you need it to be solved and that you can't do it yourself. You know it is weird to go cry to a stranger but there is a thing about crying to a stranger because they don't know you, they don't know where you from, they can't judge you and they just build a connection with you at that moment and it builds. They listen to you and just help you without any judgments.*

It seemed that when students had seen a psychologist before in the past and had information about the profession, they were more motivated to seek psychological services again in the future. The position taken by participants here was that student support services ought to motivate students to come at least once, then students would keep coming back themselves willingly. Hence, most students who had used psychological services on campus were pleased with the services and shared that actually their satisfaction with the services has kept them motivated to seek such services again if ever there is a need. For example, participant PFGF1 said: *"They helped me to choose something else that I might enjoy and that is corresponding with my personality"* and participant UFGF3 shared positive comments as well about her psychological experience on campus; she said:

> *Every time when I needed to talk to someone I knew that they were available. I did go there because it helped me because sometimes you are not performing the way you know you can perform academically and you don't know what the problem is. So they know how to ask the right questions and then you can see that this is where the problem is. You know that you have a problem with something like I lost my father, I knew that I lost my father but I didn't know that it affected me. So when you go there you talk to them they ask if you are experiencing any financial problems. Do you have family? Do you have friends? They just ask you about your life in general. So you get to see a picture of your life and then you get to see all the pictures that are influencing your life.*

The above positivity appeared to be the main motivator for most participants. Hence, they also advocated that every student should utilise psychological services on campus at least once, because *"people who haven't been exposed to psychological sessions or anything, so even to them they don't know how to receive that kind of help. To openly just speak and tell someone your problems",* said participant PFGM1. Thus, most students considered first-hand experience of utilizing psychological services on campus as enough motivation to revisit such services in the nearest future.

To summarize this section, failing modules and being generally familiar with psychological services anywhere predominantly motivated participants to seek help from psychologists on campus i.e., having seen a psychologist privately or in previous schooling systems. On campus, it appeared that for many participants, their first encounter with psychological services was compulsory, due to academic monitoring. However, once they had experienced the services some believed that it could be helpful in other ways.

4.3.4   Barriers to help-seeking behaviour

This theme represented all the factors raised by participants regarding what prevented them from seeking psychological services on campus. The majority of participants stated that they have always believed that seeing a psychologist was an exclusive experience only meant for people who belonged in the upper class in society. For example, participant UFGM3 said: *"it is interesting when it comes to seeing a psychologist. It is almost like it is for people who are well-off",* implying that poor people do not afford psychological services and that nonwhite people perceive psychological services as foreign and therefore do not trust them. As being 'well off' if often equated with 'whiteness', it appeared that participants were saying psychological services were for white people. Participant UFGM3 confirmed this seemingly racial position by saying:

> *I don't want to say it is related to race and culture but at some point it is. People who are English oriented, it is easy for them and they understand these things, but for us coming from the hood, think of a conversation that you have with your uncle, that's how we heal. If you were to tell your uncle to see a psychologist he would hear you and probably say you want him to put in public his dirty laundry.*

It seemed that the idea of seeing a psychologist meant your problems would now be known by the public and this would be culturally unacceptable. Especially, in nonwhite communities where problems are understood and dealt with behind closed family bounds. So for participants coming from such backgrounds, it appeared that the thought of seeing a psychologist brought up a lot of anxiety and trust issues for them. For instance, participant UFGM4 said:

> *I think also just hearing the name psychologist it's scary because how it has been used in the past. You know when you think of Christmas you know that's a happy time but when you think of a psychologist you think you have issues and someone is going to read your mind. So I think psychologists need to find a way to be presentable to the people. So that it is easy to the eye and to the ear and when it is easy to the ear you would want to go and it would be a normal step to take as a human being. As opposed to thinking that this guy is going to get into my head and mess up with me.*

Participant UFGM4 referred to how psychology has been used in the past, signaling a mistrust of how the profession was appropriated to advocate for the apartheid regime which oppressed nonwhite people. This participant signalled that being scared of psychological services and choosing not to trust psychologists was warranted, given the country's history.

In addition, participants also used the term "exclusive" to indicate that they perceived psychological services as for others and not for themselves. For instance, participant UFGF1 said:

> *Sometimes if you are walking around campus and there are people doing promotions they kind of look exclusive like it just for them and not everybody else, we will wave at you if you wave at us. They don't make it open for the whole University community or even to come and have a discussion like this. It's just like you belong in this group and you belong in that group and that is it.*

Interestingly, participant UFGF1 mentioned above that *"they don't make it open for the whole University community or even to come and have a discussion like this",* implying that

participating in the focus group made her feel included. She appeared to indicate that if the psychological services on campus were interactive they would be appealing to more students. Furthermore, she took the position of indirectly alerting other participants that she appreciated them for letting her connect with them through interacting in the group.

Some participants also raised the students' background as limiting in a sense that it became a barrier to help-seeking behaviour on campus, emphasizing that lack of exposure is problematic. For instance, participant PFGF1 said:

> *I come from a rural area, I did not know anything about psychologists and when I got here I already had problems because my father passed away the year before end of 2013 and then I got here 2014 it was just a different context, different language, different school, different everything. So I was drowning already but I did not know where to go. So where I was coming from affected everything else because I failed at school because I didn't know there was that kind of service. If I knew I would have gone there before I actually failed and drowned. So where you come from really affects how you get the help.*

It appeared that one's background could be a barrier in accessing psychological services. This background included family systems, communities, language, and the kind of schools that one attended. For instance, if you went to a primary and/or secondary school that had a psychologist on the premises, having to go see a psychologist at tertiary level would not be an issue. For example, participant PFGM1 said:

> *For me I have been exposed to psychology as a field since I was a kid in primary school. There was a psychologist there we had to go see a psychologist at least once a year just to track where we are in the mind but people come here like not having that foreground to go into a psychology session. I know it's farfetched but even if it happened once in our university career, a mandatory session with a psychologist to engage you maybe then that would break down some barriers.*

The above excerpt indicated that barriers to help-seeking behaviour on campus were not only attributed to the shortcomings of Student Support Services, but also to one's early exposure before being a student. Another factor which is related to one's upbringing would be the language that students grew up speaking. For instance, participant PFGF3 said:

Also the problem of language because when you get there you need to speak English. You are having problems and the closest language in my heart is Xhosa. So I can only express what's in my heart in Xhosa and this lady here is English or this guy here is speaking English. Now it's really hard for me to express what I'm going through. I will only surface it but deep, deep I can't because she can't understand me. So culture and language is problematic. There was once a Zulu guy but then I was first year I did not know Zulu but Zulu and Xhosa are not so different but you know when you are talking your language, okay Xhosa is a difficult language so he couldn't understand what I was saying because I was using deep Xhosa words but then I could mix Xhosa with Zulu and a bit of English.

One's mother tongue and early childhood experiences thus appeared to be some of the factors that prevented students from utilizing psychological services on campus. On the other hand, participant PFGM2 had a different take on barriers to help-seeking behaviours, and stipulated that students were not utilizing psychological services on campus because they were indulging in substance abuse, and thus avoiding seeking help. He said:

In varsity, there's a lot of distractions like drugs and alcohol. Those things stop you from thinking about your mental health they drown it, you gotta walk around the world there are beer bottles everywhere. Why are those people drinking so much? And obviously they are students they can party and have fun but why are some of those students drinking? Why are there so many students smoking drugs? Like you know its people who are like avoiding going to get help.

Thus the participant above suggested that people's habits prevented them from seeking help, as they did not want to end the destructive behaviours they were engaged in, particularly as they provided some relief. This meant that these two kinds of behaviours - substance abuse and usage of psychological services - were contradictory.

Other participants reflected on feeling discouraged when they had built the courage to seek psychological assistance did not find any psychologists in the Student Support building and this resulted in them not wanting to seek psychological services on campus again. For example, participant PFGM1 said:

I know some people who have gone there and there's been no one there to see them at that time and they've used their first experience. What's the point of going there if there's no one there? I'm not gonna go there again, I went there to talk to someone because I was stressing but there was no one there.

It appeared that students had experienced a failure of service delivery at the hands of psychologists who were meant to help them; and this seemed to have contributed to students' mistrust toward psychologists on campus. However, a deeper interpretation of this reflected that students seemed not to have an understanding of how psychological services work, and experienced the unavailability of psychologists as rejection. This has implications for future service delivery.

Other factors raised by participants regarding barriers to seeking psychological services on campus included minimizing issues, dress codes of psychologists and office setups being too serious; psychological jargon causing a communication breakdown, stigma related issues, and further students thought they would have to pay for the service. For instance, regarding minimizing issues, participant PFGM3 shared that: *"seeing a psychologist, that's what I'm saying, you know you have to do it but you just don't do it. Why is that? I guess you're like it's not that serious".* Thus, it seemed some students believed that their problems were not worthy or serious enough to require psychological services. Participants also argued that psychological environments were not friendly. For example, participant UFGF2 said:

When you walk into an environment like this it's serious. It's so close in, like it's easy to go to the day care because of the colours so it's vibrant, but when you go to a psychologist it's so serious you get more depressed. There's like two chairs and a desk and the other chair is for you, it's a serious thing. So I feel like the presentation of the psychology building or office should be more-easy going. If you going to see a psychologist you should be comfortable and lay on the floor if you want to. It does not have to be like a serious interaction.

It appeared that this participant was recommending that the entire psychological experience on campus be revolutionised; meaning that it must be casual, friendly, and less structured. This position did not only address the infrastructure (building/offices) that

psychologists used but also addressed psychologists' dress codes. For instance, participant UFGM1 said:

> *Also you guys should stop dressing so sharp, but we will never know perhaps the profession requires you to dress like that. Maybe behind closed doors that is what is expected. Yeah it is hard to face someone who is wearing something like a suit and tie. What if for example you have money problems and I see eish this guy is all dressed up and making me look or feel bad.*

The quote *"you guys should stop dressing so sharp"* appeared to be directed to the researcher. Although the researcher was not wearing *"a suit and tie"*; this comment seemed to point out the distinction between a student and a psychologist, and how this distinction could be a potential barrier. In addition to some of the participants being uncomfortable with the psychological infrastructure and psychologists' dress codes. Participant UFGM3 said:

> *Please let's also treat a human problem as a human problem, let's not make it all professional and come with all these big terms and stuff. When I have a personal problem then let's talk on a personal level and standing.*

It seemed that sometimes conversing with a psychologist itself posed a problem, due to the terminology and/or psychological jargon; and this caused a communication breakdown. Hence, participants struggled to understand what psychologists were saying to them. Another factor that participants stressed was that they had believed or that other students thought that they would be charged a fee for seeking psychological services on campus. For instance, participant PFGM4 said:

> *Some students think that it's gonna get charged to their school account and everyone there in the department drives such nice cars then you think it's expensive to go see these guys. I mean it is expensive privately to go see a psychologist but students need to know that it's free on campus.*

It seemed that the overall presentation of psychologists caused them to be perceived as less approachable (dress, terminology, office setup, expensive cars). Thus, as seen above, it

appeared that there are many factors that posed as barriers and kept students away from seeking psychological services on campus. Furthermore, participants also discussed stigma. For instance, participant PFGM1 said:

> *I feel like everyone is being deterred by the stigma of going to get help mentally. Yah I've always known there's places where you can get psychological help in most universities but I think people would rather not do that because to be seen walking in there is a problem; and it's so silly because that's the most important thing. Mental help is…when you think there's hurt and your body is not right you go straight to the doctor. There's no stigma with having the doctor look at you but the thing that controls everything our mind, our mental health that's what we should be focusing on.*

The above participant attempted to de-stigmatise psychological services by making a reference to a doctor, and this was a similar attempt as the one made by participant UFGF3 in the other focus group. It appeared that the position taken by these two participants was an attempt to align students' perceptions of medical services with that of psychological services; because these two services both pertained to one's health. As a result of this alignment, stigma about psychological services on campus would decline. Interestingly, even though some participants realised that it was simply stigma that kept them away from utilizing psychological services; and recognized that when they had managed to overcome this stigma they would receive beneficial professional help for their issues. However, to keep going back to receive this professional psychological help was still an obstacle for students. For example, participant UFGM1 said:

> *Well there was a lady there that helped me. Something that came up during our time was that as a black person and a male there is always stigma to have to keep your emotions to yourself and having to share your emotions with someone else is seeing as a sign of weakness.*

It appeared that having a discussion with a psychologist about race and gender stereotypes that were perpetuated by stigma was helpful to participant UFGM1. It seemed that the psychologist normalized those feelings for this participant; and also it helped that participant UFGM1 had been exposed to psychological services through different platforms

i.e. *"I watch a lot of things and read a lot of books and knew how to express my emotions. So I went to the white lady and cried and she listened."* Although participant UFGM1 seemed to be knowledgeable about psychological services on campus, nonetheless, the researcher felt his anxiety regarding such services and his anxiety could be attributed to stigma and/or being a black person receiving help from a white person. Interestingly, in this case, it seemed race was not a barrier to seeking psychological services. The above participant indicated that he received and embraced getting help from a white psychologist. One wondered if seeing a psychologist of a different race was helpful to him because of the cultural expectations of appropriate behaviour in other race groups. One wonders whether participant UFGM1 (being black) would not have cried with a black male/female psychologist, due to the societal expectations of how black people (especially men) should deal with their personal issues. However, seeing a white psychologist appeared to have helped him be comfortable and open up about his feelings as he might have perceived that in white communities, crying was acceptable, regardless of gender identification.

To summarise this section, most participants shared that they experienced barriers to seeking psychological services on campus, and outlined these barriers above. One participant made a correlation between substance abuse and the use of psychological services, reporting a contradiction between the two. Whilst others spoke of the stigma associated with using these services, two participants attempted to de-stigmatise psychological services by likening it to visiting a doctor. Some participants reported one's background as a factor that prevented them from utilising psychological services on campus. Most participants perceived race-difference as a huge barrier to seeking psychological services on campus. In contrast, one participant shared their personal experience stating otherwise; meaning that race-difference was helpful to him during his psychological consultation on campus.

4.4   Conclusion

This chapter presented results from both quantitative and qualitative sections of this current study. The quantitative results revealed that the College of Agriculture, Engineering and Science (CAES) made more use of psychological services on campus compared to the College of Humanities. However, the high usage rate by CAES was mainly for student

monitoring which meant that the students from this college mostly used the services for academic related issues. Whereas, for the College of Humanities their usage was mainly for personal reasons. Other significant results from the quantitative section revealed that (for both colleges), more females than males used the services and it commonly was black students that utilised psychological services the most on campus.

Regarding the qualitative section, four themes emerged from the two focus group discussions that were conducted. Namely, awareness of psychological services; students' support system/s of choice; factors that motivate students to seek help; and barriers to help-seeking behaviour. All these themes were presented and interpreted in detail (above) in this chapter. The results of this analysis revealed that most participants were not aware of psychological services on campus. Some participants preferred to receive support from their families and religion, whilst other participants preferred to be supported by psychological services on campus. Participants were mostly motivated by failing or the fear of failing to seek psychological services. Finally, participants reported various barriers to help-seeking behaviour, but race appeared to be dominant, as well as one's background with regards to the lack of exposure to psychological services prior to being a student. The next chapter discusses these findings in relation to the literature and the health belief model.

Chapter 5

Discussion

5.1   Introduction

In this chapter, the findings from the previous chapter are discussed in comparison with the literature presented in chapter two, in an attempt to address the research questions of this study. In addition, the health belief model is used as a frame (toward the end of this chapter) to draw the findings to a close.

5.2   The usage rate of psychological services

The literature indicated that in South Africa more undergraduate students, more females than males, and more English second language speakers made use of student counselling services (Schreiber, 2007). This was in line with the results of this current study. This study found that at UKZN specifically PMB campus, the usage rate of psychological services was similar to that reported in the literature with regards to gender, race and level of study. However, there were some differences concerning students' presenting problem and the fact that psychological services appeared to have been utilized more by students from a science-related college than a humanities one. This was in contrast to what the literature reported. The literature suggested that the level of psychological awareness and utilization was associated with the kind of profession that students were studying towards (Leahy et al., 2010). This created the impression that colleges with engineering-related departments would utilize psychological services less. This was not the case at UKZN, PMB Campus. The College of Agriculture, Engineering & Science (CAES) was the one that used psychological services on campus the most compared to the College of Humanities. However, the data further revealed that the higher percentage of usage of psychological services by CAES was for academic difficulties. UKZN has a monitoring system where students who are at risk (academically) are referred for academic monitoring and support. It is therefore likely that the students' attendance from this College was compulsory when they went for the academic difficulties. Nonetheless, this finding was aligned with the general comment in the literature that stated that students seek help from student university-based psychological services mostly for vocational-academic assistance, and not

often regarding their personal and social lives (Van Schoor & Whittaker, 1988). The participants in the current study expressed that it was much easier to talk and open up about academics because they are at university and academics (including career topics) were their main priority. Hence, participants disclosed a discomfort about seeking psychological services for personal and social parts of their lives.

There were differences between the students' presenting problems reported in the literature and the ones found in this current study. The literature shared that the common presenting concerns amongst students were difficulties with concentration, difficulties with motivation, depression, tiredness and fatigue (Schreiber, 2007). Further issues related to adjusting to the university environment (Naidoo, 1999), more specifically for first-year students. On the contrary, the current study did not report similar concerns, except for depression. Students from UKZN (PMB campus) mostly struggled with academic difficulties in the College of Agriculture, Engineering and Science; and in the College of Humanities, students were reported to be mostly struggling with personal relationships and uncertainties with regards to their career aspirations. This difference implies that different tertiary institutions, in different contexts, are most likely to face different presenting problems from their students.

Despite the reported prevalence of suicide ideation and attempts among students to be on the rise (Wilcox et al., 2010), suicidality was not reported at all by student support services at UKZN (PMB campus), nor was it discussed by any of the participants from the two focus groups conducted. Regarding the data provided by student support services, the researcher speculated that this could possibly have been subsumed in the category 'depression'. This was however not clear. Perhaps Osafo et al. (2011) were accurate in saying there were more negative attitudes about suicide in African countries than in other states such as America. However, negative attitudes would not necessarily translate to minimal suicide attempts. In reality, negative attitudes may translate to more suicide attempts. In a sense that, when there is great shame and stigma attached to feeling suicidal then an individual is more likely to keep it to themselves and not seek help; this would result in them falling victim to suicide completion. Nonetheless, suicidality was not part of the pattern of usage of the psychological services at UKZN (PMB campus).

5.3   Why students opt not to access university psychological services

The literature and the findings of the current study indicated that students' reasons for opting not to access university-provided psychological services were circumstantial; meaning that they depended on students' understanding and awareness about the services, availability of infrastructure where the services would be provided, and most importantly students' attitudes toward psychological services.

At UKZN (PMB campus) the infrastructure exists in every college. Thus, the possibility of a lack of infrastructure as a reason not to access university psychological services was not considered. It is noteworthy that the reviewed literature did not discuss the impact of presentation, with regards to psychologists' dress and office set-ups. In contrast, the findings of this study highlighted these factors to sometimes be barriers that contributed to students opting not to access psychological services. Participants shared that they felt intimidated by how psychologists dressed. They expressed that psychologists always looked smart and proper, and further drove expensive vehicles. The psychologists' offices were described as intense and unfriendly. Thus, such factors made it hard for participants to relate to psychologists and therefore opted not to utilise psychological services on campus. Although the infrastructure may be available, perceptions of it as inaccessible (at a number of levels) may influence use of services.

Other possible reasons for non-use of psychological services include awareness and attitudes. It was found that not all participants were in a position to opt not to access psychological services because some participants did not even know that such services existed. However, other participants opted not to make use of such services because they did not understand how psychological services worked. Participants reported to feel rejected when they went to seek the services but were not seen immediately; instead, they were advised to book an appointment. Thus, participants were not aware of the normal operating system for psychological services. It became clearer that students did not fully understand the procedure to get psychological assistance on campus and that student support services were possibly not doing enough to create awareness and to help students understand the procedures regarding accessing psychological services on campus.

Issues relating to awareness and attitudes were dominant in the literature, for example, the World Health Organization reported that the most common barrier to accessing psychological services was seeing no need for it (Andrade et al., 2014). Bruwer et al. (2011) also stated that people had perceptions that psychological distress would miraculously get better without any treatment. Consequently, at UKZN (PMB campus) the participants revealed that they presumed their issues to be not that serious, and this translated to them opting not to access psychological services on campus. Although awareness was reported to be lacking, it appeared that some participants did have at least minimal awareness of psychological services. There was also anxiety associated with seeking professional attention or help. The researcher found that participants were merely afraid of being stigmatized and used the concept of thinking that their problems were not that serious to avoid being alienated by other students. There is stigma associated with utilizing psychological services and when one does, they are perceived as undesirable or socially unacceptable (Vogel, Wade & Haake, 2006). The findings of this study clarified how this stigma was maintained. It was maintained through the high level of lack of awareness about psychological services which then translated into a misunderstanding of how to utilize such services and why.

The literature suggested that due to personal and cultural beliefs students endorsed indigenous healers, religious healers and helpers, thus opting not to seek psychological services at the university (Nicholas, 2002). This was somewhat a similar case at UKZN (PMB campus), with the exception of consulting indigenous healers, which was not mentioned by participants. It was found that when participants opted not to access psychological services on campus they would seek support from their friends, but mostly their families and from religion. Such familial and religious support systems appeared to be preferred alternatives.

The readily available (on-campus) psychological support seemed to bring about anxiety, discomfort and trust issues for some students. Participants described this discomfort to be related to racial differences between students and psychologists on campus. Thus, opting not to access psychological services was a way of dealing with racial tension from a distance. The researcher interpreted this articulated racial tension by participants as their fear of being misunderstood and not being able to relate to their service providers. It is important

to note that once the discomfort was openly discussed with a psychologist that seemed to help. One participant shared that he felt comfortable (being Black and seeing a White psychologist) after they spoke openly about race and gender; he further embraced such rapport because it did not come with any cultural expectations. Racial tension was a prominent factor in participants opting not to access psychological services on campus. However, an exception was one participant who argued that when it is discussed openly people can get beyond it and utilize the services.

5.4   Students' perceptions of psychological services

In the reviewed literature the documented perceptions of psychological services were mostly about stigma (Feldman & Crandall, 2007; Cooper, Corrigan & Watson, 2003; Crowe et al., 2016). That is, if a student made use of psychological services then there was ultimately something wrong with them and /or they were not strong enough to deal with their issues (as previously mentioned). The common perception of psychological services was that it meant to serve undesirable and socially unacceptable people (Vogel, Wade & Hackle, 2006). Although the results from this study also indicated that students' perceptions of psychological services were informed by stigma, it was also found that participants from this study perceived psychological services on campus as exclusive. This meant that students saw psychological services as meant for students, just not all students.

Further, participants perceived psychological services as exclusive due to the fact that when student support services have a campaign on campus (perhaps to raise awareness about psychological services), they are reported not to be interacting enough with students, therefore, appear exclusive. Participants also perceived such services as expensive, that a consultation with a psychologist would be charged on their student fees. This appeared to be informed by the participants' general knowledge that to consult a psychologist outside of the university was not cheap and so for them, this meant that even psychologists on campus were expensive to consult. Therefore, participants' perceptions of psychological services on campus were misinformed due to their lack of sufficient understanding of such services.

The researcher interpreted students' perceptions of psychological services as aligned with awareness issues. In a sense that when students had negative perceptions, it meant that

they were not fully aware of psychological services and their processes. For example, some participants thought that they would be charged an extra amount into their student-fees for consulting a psychologist on campus. It became apparent that participants needed a lot of clarity and information about psychological services on campus.

5.5   Perceptions of the impact of psychological distress on students

A tertiary context presents numerous precipitants to vulnerable students. The literature suggested that when students were distressed psychologically they were most likely to experience intense symptoms of their pre-existing conditions (McLachlan & Gale, 2018). This meant that psychological distress was an exacerbating factor to other conditions that students had. Furthermore, the literature argued that when students were distressed, suicide attempts rose (Wilcox et al., 2010; Nock et al., 2010; Bradvik, 2018). This indicated that there was a significant correlation between psychological distress and suicidality. However, as previously discussed, suicidality did not seem to be a prevalent issue at UKZN (PMB campus). The prevalent issue at this institution was the correlation between psychological distress and academic performance. These two factors were involved in an inversely proportional relationship with one another. The participants believed that student support services should intervene early by developing preventatives measures to keep psychological distress on campus minimal. The common perception was that students would perform better academically if they did not experience psychological distress or if they could get treated early before they fail or got academically excluded from the university.

Another point made by participants was that when students were psychologically distressed their level of substance use increased. Participants' perceptions of the impact of psychological distress were associated with the decline in academic performance and an incline in substance use. It was also stated that when students were using substances they would likely avoid using psychological services.

5.6   The perceived benefits of using psychological services

According to the literature, students felt concerned about their future careers at the start of their studies (Lairio & Penttinen, 2006). This was also the case for UKZN (PMB campus) students who participated in this current study. Both the literature and the results of this study deemed psychological services at tertiary institutions as beneficial. Hence, such services assisted students to work through their concerns and fears about future careers. The literature went on to say it was advantageous for students to have psychological services on campus because this meant students were receiving help in a familiar setting which eliminated intimidation and made students comfortable and open (Evans, 1999). In contrast, this study found that students were intimidated by psychologists on campus due to their dress code, office set-up as well as not trusting them because of racial and gender differences. Nonetheless, these observed reservations raised by participants did not change that having psychological services on campus was beneficial to them. It was found that participants received help regarding exploring better ways to cope with their studies, the services helped participants with their relationships and also assisted them with making suitable career choices.

The abovementioned findings were aligned with the discussions documented in the literature. For instance, Chaney et al. (1998) and Britto et al. (2013), stipulated that psychological services helped students from various backgrounds to stay in tertiary educations systems and to complete their degrees, having a positive impact on retention. At UKZN (PMB campus), this was also the case as psychological services assisted students to find their way back after experiencing academic exclusion. In conclusion, it was found that having psychological services on campus was beneficial to students in one way or another.

5.7   The health belief model

As mentioned in chapter two, this model was developed in an attempt to understand the widespread failure of people to accept disease preventives or screening for early detection of asymptomatic disease (Champion & Skinner, 2008). This model was appropriate for the current study because it included paying attention to the utilization of health services, and

this study explored the usage rate of psychological services by students at UKZN, PMB campus.

The health belief model is useful in generating knowledge and explaining students' behaviour on campus. For instance, in terms of the *perceived susceptibility/vulnerability* component, participants realized the necessity of having psychological services on campus but perceived the service as exclusive. In addition to perceiving psychological services as exclusive, participants perceived themselves as not having serious-enough issues. Stating that one's problem was not that serious is aligned with the second component of the health belief model and that is *perceived seriousness* (Champion & Skinner, 2008). This component argues that people (students or not) look at themselves and decide that whatever they might be going through does not warrant serious and professional attention. In terms of the *perceived benefits* of taking action component, participants demonstrated that it was beneficial to utilize psychological services on campus especially for academic and personal affairs. However, this same component also illustrated how much work still needs to be done to create awareness regarding the services on campus. Participants had numerous reason why they opted not to seek psychological services on campus, as per the fourth component of the health belief model, namely, *perceived barriers* to taking action (Green & Murphy, 2014). Participants explained their reasons in detail and further linked them with lack of awareness issues. This showed that the components of this model were interconnected and that this interconnection facilitated coherence in the current study. The last component of this model is *cues to action* (Green & Murphy, 2014), in this study, participants were motivated to act due to failing or the fear of failing their modules/courses.

5.8   Summary of the chapter

This chapter answered research questions of this current study and discussed the literature presented in chapter two in conjunction with the findings of this study (presented in chapter four). The next chapter presented the summary of this entire thesis, stated the implications of the findings and made recommendations for future research.

Chapter 6

Conclusion

6.1   Introduction

In this chapter, the main findings are summarized with the study objectives. The limitations of this study are presented, as well as the recommendations for future research and implications for practice.

6.2   Main findings

The first objective of this study was to explore the usage rate of psychological services. In summary, the data revealed that at UKZN, PMB campus the prominent usage of psychological services was by Black students, females and undergraduate students. They commonly consulted for academic difficulties and/or personal issues.

The second objective was to explore why students may opt not to access the university psychological services. Briefly, participants revealed that they opted not to use psychological services on campus because they feared to be stigmatized, some were not aware of the service, and others wanted to avoid racial tension, cultural expectations and gender-related issues.

The third objective of this study was to understand students' perceptions of psychological services. Participants reported that they mostly perceived the services as exclusive, that is, the services were meant for students who are well-off in terms of finances. Hence, psychologists on campus wore smart clothes and drove expensive vehicles.

The fourth objective was to explore students' perceptions of the impact of psychological distress. In a nutshell, participants revealed that psychological distress increased the use of substances and decreased academic performance; meaning that when students were distressed they were most likely to fail their courses and upscale their alcohol intake, and other drugs likewise.

The fifth and last objective of this study was to understand students' perceived benefits of using psychological services. It was found that the services were beneficial to students for

pointing them to suitable career paths, helping them recover from being at risk academically, and assisted students with managing their relationships.

6.3   Limitations

The limitations of this study included that the quantitative data received only covered two out of three colleges at UKZN, PMB campus. This means that the findings of this study cannot be generalized across all UKZN campuses and also cannot be fully generalized within the PMB campus. Furthermore, the received quantitative data did not specify the number of times that each student consulted. The quantitative phase of this study used data from 2016, while the qualitative phase included data from students registered in 2017-2018. Sampling across three years posed further limitations to any form of generalization of the findings of this study. In essence, the results of this study must be treated with caution. The qualitative data was generated from only two focus groups held on campus, and this made the study exploratory in nature. Furthermore, the self-selected nature of the participants is noted, i.e. the participants who volunteered for the study may have certain characteristics which make them open to participation, perhaps the students that did not volunteer would have had different views than the participants of this study. The positioning of the researcher is also noted, given that the researcher is a psychologist in-training and was interested in eliciting participants' views about psychologists and psychological services on campus. Participants might have felt unsure about the researcher at some point; perhaps, thought that the researcher was sent by student support services as they oversee the work of psychologists on campus. Lastly, the possibility of influencing the research process in any way must be acknowledged hence the researcher was a human instrument during this process. Nonetheless, precautions of minimizing researcher-bias were taken in all the processes of this study.

6.4   Recommendations for future research

Given that the findings of this study cannot be generalized due to its small scope; it is hoped that the findings are useful to practitioners working in student support contexts. A large scale study could be conducted to elicit reasons why students may opt not to utilize psychological services. The focus of this study would not be on one campus at UKZN but on

all five campuses; and further include qualitative perspectives from service providers to ensure that the overall generated results can be implemented to inform both service providers and service receivers. Furthermore, a qualitative study could be conducted to explore more deeply the issue of race and the perceived accessibility of psychological services; exploring the impact of racial difference on the usage rate of psychological services. Another study could be a large quantitative survey to explore students' awareness, attitudes and usage rate of psychological services, including whether their first exposure to services was compulsory through academic monitoring or voluntary, and how subsequent consultations extended from that.

6.5   Implications for practice

In light of the findings from this study, especially, the insights from participants; a few points need to be taken into consideration. It appeared that awareness of psychological services on campus was not sufficient. Thus, participants asked that student support services make use of digital platforms (emails or student central) to shed light on the psychological services on campus. To create awareness through social media and other IT (information technology) platforms, and students may be recruited to assist with this process. Also, it could be beneficial to put up flyers on notice boards on campus; so that students can learn more about psychological services and procedures in their everyday environment. On another note, student support services can explore the option of having a person on duty for walk-ins. So that students can be assisted (more or less) on arrival or contained and educated about the nature of services and making an appointment.

Student support psychologists could also be assisted to explore their positioning in terms of race, gender and privilege and how these can be addressed with prospective users of the service. Participants also had comments about the configuration of the consultation space, and it would be useful to have student input on what would be considered an appropriate setting.

In conclusion, addressing the issues related to the lack of awareness would possibly challenge all the other reasons that kept students away from utilizing psychological services. Hence, with information comes knowledge, and with knowledge comes the understanding

that would possibly encourage students to take care of their psychological wellbeing which in turn would contribute to their academic performance.

6.6   Summary of the chapter

This chapter summarized the findings of this study and further commented on the objectives of the study. The discussion in this chapter also covered the limitations of the study, recommendations for future research and implications for practice. It is hoped that future research will strive to find better ways to cater to and serve the psychological needs of students.

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APPENDIX A

Focus group schedule

I'm very grateful to you all for sparing time to talk about psychological services in universities. The purpose of this focus group is to explore your views about ukzn (pmb) psychological services; with an intention to understand the reasons why students may opt to use/ not use such services. I would like the discussion to start off by talking about the kind of help Yolanda needs in the below vignette, then move on to the more specific questions. Please note that, there are no right or wrong opinions; I would like you to feel comfortable saying what you really think and how you really feel.

Vignette

Yolanda is a second year Bachelor of Arts student from the Eastern Cape. She has not visited home nor seen her family in over three months and therefore she misses them. She recently broke up with her boyfriend after finding out that she was pregnant and HIV positive, though, she had only been sexually active with one person, him. She decided not to keep the baby, thus, she had an abortion. She is further demotivated to do any school work because she has not chosen any majors from her modules. Hence, she does not know which career would suit and fulfill her. She says she needs help with everything that is going on in her life; however, she is unsure where to seek this help.

What are the main problems faced by Yolanda?

What kind of help would be suitable for her?

- Where can she access this help?

- How can she access it?

How would she benefit from such help?

Specific questions

What is the general impression of the university based psychological services?

What kinds of students are suitable for university psychological services?

Which problems are mostly dealt with at university psychological services?

How are psychological services beneficial to students?

What would make a student not to access university psychological services?

Are there any other services where students may get support other than from university psychological services/ student support services?

Is there anything else we haven't discussed that you think is important?   Thank you.

APPENDIX B

Information Sheet (Student support services)

Dear Student Support Services,

My name is Siphesihle Dlamini and I am currently enrolled as a Counselling Psychology Masters student at the University of the KwaZulu-Natal, Pietermaritzburg campus. As part of the requirements for my degree I am required to submit a research report on a particular topic. My research is aimed at exploring the reasons why students may opt not to access psychological services at the University of KwaZulu-Natal, Pietermaritzburg campus.

I would like to invite you to participate or rather contribute to my research. In order to conduct this research I will kindly request you to share in confidence, the demographic information (age, gender, race, level of study and presenting problem) of students who used the student support services from January 2016 to December 2016.

All information will be kept confidential. All data obtained will be stored in password protected files with only the researcher having access to them. All data will be kept for a period of five years. After this time, all data will be destroyed or deleted. In the final report results will be reported only in the form of group statistics.

I will gladly share the results of this study with you as feedback; by providing a seminar to the Student Support Service, and emailing a copy of my final thesis. If you have any questions, please contact me on sphedlamini2@gmail.com Tel: 072 1066 321 or you can contact my supervisor Dr Carol Mitchell, Mitchellc@ukzn.ac.za Tel: 033 260 6054. You can also contact the ethics office at HssrecHumanities@ukzn.ac.za / Tel: 031 260 4557.

Your participation/ contribution to this research will be highly appreciated.
Thank you.

APPENDIX C

Information Sheet (student participants)

Dear Research Participant,

My name is Siphesihle Dlamini and I am currently enrolled as a Counselling Psychology Masters student at the University of the KwaZulu-Natal, Pietermaritzburg campus. As part of the requirements for my degree I am required to submit a research report on a particular topic. My research is aimed at exploring the reasons why students may opt not to access psychological services at the University of KwaZulu-Natal, Pietermaritzburg campus.

I would like to invite you to participate in the qualitative aspect of my research. In order to participate in this phase you will be kindly required to partake in a focus group discussion. The broad topic of the focus group will be around your understanding of campus related psychological services. The focus group discussion will take approximately one hour in length. Confidentiality cannot be guaranteed, I will ask you and others in the group not to talk to people outside the group about what was said in the group. I will, in other words, ask each of you to keep what was said in the group confidential. You should know, however, that I cannot stop or prevent participants who were in the group from sharing things that should be confidential.

The focus group discussion will be audio recorded with a tape recorder and then transcribed by the researcher to facilitate the research. The audio recordings and transcriptions will be kept in locked draws and password protected files that only the researcher will have access to. The only other persons beside the researcher who will have access to the transcriptions is my supervisor, Dr Carol Mitchell. All data will be kept for a period of 5 years. After this time, all data will be destroyed or deleted.

All identifying information will be kept strictly confidential. In the final report (and any subsequent publications) your anonymity will be protected by using a pseudonym such as

Participant 2, 6 etc. Also the identity of all extraneous persons mentioned by you will be kept anonymous through the use of pseudonyms.

Your participation in this research is completely voluntary and you are free to withdraw at any stage for any reason. You are also free to abstain from answering any question in the discussion that makes you feel uncomfortable.

If you experience any emotional and/or psychological distress during your participation in this research, you may seek support at the Child and Family Centre, just next to the psychology department/building that is available if you should need support or help. Their contact is celes7@ukzn.ac.za.

If you have any questions, please contact me on sphedlamini2@gmail.com / (072 1066 321) or you can contact my supervisor Dr Carol Mitchell, Mitchellc@ukzn.ac.za / (033 260 6054); or the ethics office at HssrecHumanities@ukzn.ac.za / (031 260 4557).

When this study is complete, the researcher will email the results to the participants. If you agree to participate in this research, please complete the consent form attached to this document.

Thank you,
Siphesihle Dlamini.

APPENDIX D

Consent Form

Consent form for contributing and/or participation in qualitative phase of research project conducted by Siphesihle Dlamini for the degree of Master of social science (Counselling Psychology).

Statement of Consent:

- My participation is completely voluntary and I have the right to withdraw at any time.

- I have the right to refuse to give an answer for any question or comment during the focus group discussion.

- All identifying information will be kept strictly confidential. In the final report (and any subsequent publications) my anonymity will be protected by using a pseudonym such as Participant 2, 6 etc. Also the identity of all extraneous persons mentioned by myself will be kept anonymous through the use of pseudonyms.

- Direct quotes from my interview may be used but will not be presented with any identifiable information.

- The focus group discussion will be audio recorded with a tape recorder and then transcribed by the researcher to facilitate the research.

- The audio recordings and transcriptions will be kept in locked drawers and/or password protected files that only the researcher will have access to. The only other persons beside the researcher who will have access to the transcriptions is the research supervisor Dr Carol Mitchell.

- All data will be kept for a period of 5 years. After this time, all data will be destroyed or deleted.

- There are no anticipated risks for participating.

- I have been informed where I can access support should I require it, as a result of participating in this study.

I, _____, understand and agree to the above regarding my participation in this research.

SIGNED:_____   DATED:_____

APPENDIX E

Consent for Audio Recording

Consent to be audiotaped

This consent form gives Siphesihle Dlamini permission to audio record the focus group discussion for data analysis and transcription purposes. This is simply a method that is used to maintain the integrity of the data and to make analysis easier.

I have noted the following:

☐ My identity will be protected and I will not be required to give out my name in this recording.

☐ Access to these recordings will be restricted to the researcher and supervisor Dr Carol Mitchell. No other persons will have access to these recordings.

☐ The recordings will be kept safe, in a private location known only to the researcher, and will be stored in password protected files.

☐ The recording will be destroyed after 5 years.

☐ These recordings will not be presented publicly or as a part of the study results.

☐ All identifying information will be removed from the transcripts and although direct quotes from the transcripts will be used in the final write-up, these will not be linked to any identifying information and will be used in conjunction with quotes from other participants.

If I have concerns or queries regarding the audio recording of this interview I can ask the researcher before we begin the interview so that he may clarify them for me.

I,_____ give permission for my research interview to be fully audio recorded with a full understanding of the above statements.

Signed:_____

Date:_____

APPENDIX F

Confidentiality pledge

<div align="center">

Confidentiality Pledge

</div>

As a member of this Focus Group, I promise not to repeat what was discussed in this focus group with any person outside of the focus group. This means that I will not tell anyone what was said in this group.

By doing this I am promising to keep the comments made by the other focus group members confidential.

Signed _____ Date: _____

APPENDIX G

Advert

Are you a student, an undergraduate or postgraduate student from the

University of KwaZulu-Natal, Pietermaritzburg campus?

Then let's talk about university psychological services

If you are interested to participate in this study or would like more

information, please email: sphedlamini2@gmail.com

APPENDIX H

Referral letter to CFC (Child and Family Centre)

08 September 2017

To whom it may concern

This letter serves to provide the assurance that should any participant interviewed by Mr Siphesihle Dlamini (Psychology Masters student) require psychological assistance as a result of any distress arising from the research project titled *"Student support services: An exploration of the use of psychological services by students at the University of Kwazulu-Natal, Pietermaritzburg campus"*, the service will be provided by Masters one Psychology students and intern psychologists at the University of KwaZulu-Natal, Pietermaritzburg Campus Child and Family Centre – phone 033-2605166.

Yours sincerely,

Y. Chilimanzi

Director: Child and Family Centre

University of KwaZulu-Natal

Pietermaritzburg Campus

Child and Family Centre

School of Applied Human Sciences

Postal Address: Private Bag X01, Scottsville, Pietermaritzburg, 3209, South Africa

Telephone: +27 (0)33 260 5166   **Facsimile:** +27 (0)33 260 5809   **Email:** Celes7@ukzn.ac.za   **Website:** psychology.ukzn.ac.za

Founding Campuses: ■ Edgewood   ■ Howard College   ■ Medical School
Pietermaritzburg

APPENDIX I

Registrar's permission

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14 September 2017

Siphesihle Dlamini (SN 211508378)
School of Applied Human Sciences
College of Humanities
Pietermaritzburg Campus
UKZN
Email: sphedlamini2@gmail.com   mitchellc@ukzn.ac.za

Dear Sphesihle

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate degree, provided Ethical clearance has been obtained. We note the title of your research project is:

"Student support services: An exploration of the use of psychological services by students at the University of KwaZulu-Natal, Pietermaritzburg campus".

It is noted that you will be constituting your sample by conducting interviews, and/or focus groups with undergraduate and postgraduate students on the Pietermaritzburg campus.

Please ensure that the following appears on your notice/questionnaire:
- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the Protection of Public Information Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

MR SS MOKOENA
REGISTRAR

Office of the Registrar
Postal Address: Private Bag X54001, Durban, South Africa
Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: registrar@ukzn.ac.za
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APPENDIX J

Ethical clearance

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16 January 2018

Mr Siphesihle Sandile Dlamini (211508378)
Scool of Applied Human Sciences – Pscyhology
Pietermaritzburg Campus

Dear Mr Dlamini,

Protocol reference number: HSS/0031/018M
Project Title: Student Support Services: An exploration of the use of psychological services by students at the University of KwaZulu-Natal, Pietermaritzburg Campus

Full Approval – Expedited Application

In response to your application received 15 January 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shamila Naidoo (Deputy Chair)

/ms

Cc Supervisors: Dr Carol Mitchell
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Tembisa Magojo

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
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